

The Medical Officer of Health City & County of Bristol

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PORT FOR

1966

**THE
HEALTH OF BRISTOL
IN 1966**



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THE HEALTH OF BRISTOL IN 1966

My Lord Mayor, Ladies and Gentlemen,

I have the honour to present my eleventh Annual Report on the health of the City and County of Bristol which is compiled in accordance with Ministry of Health Circular 1/67.

The Registrar General estimated that the population was 429,370 in 1966 compared with 436,000 at the time of the last complete census in 1961. The results of the sample census taken on the 24th April 1966 are awaited. The total number of births fell from 7,600 in 1965 to 7,301 in 1966 and the number of illegitimate births fell from 741 to 714 (9·8 per cent).

I am glad to report an improvement in the perinatal and infant mortality experience in 1966 compared with 1965. The still birth rate was 14·7 per 1,000 live and still births in 1966 (15·5 in 1965), the neonatal death rate was 11·8 per 1,000 live births (14·5 in 1965), and the perinatal death rate was 25·2 per 1,000 live and still births (27·8 in 1965). The infant mortality rate of 17·3 per 1,000 total live births was the lowest ever recorded in the City.

There were, however, four maternal deaths during the year; one was an associated death due to tuberculous meningitis; the other three were directly due to pregnancy or childbirth. One was the result of a pulmonary embolism following operation for termination of pregnancy (hysterotomy) for medical reasons; another was due to septicaemia following abortion — there being insufficient evidence to establish the cause of the abortion. The third death, from eclampsia, was that of an unmarried mother who failed to co-operate in antenatal care and treatment.

Of the 12 largest County Boroughs in England and Wales, Bristol had in 1966 the second lowest adjusted death rate and the lowest infant mortality, neonatal mortality, stillbirth and perinatal mortality rates, the lowest notification and death rate from respiratory tuberculosis and the lowest death rate from cancer of the lung and bronchus.

Cervical cytology of women aged 35 years or more and of other women in whom there were medical indications for screening, such as the prescription of the contraceptive pill or the fitting of the intra-uterine contraceptive device was introduced in April 1966 and of 3,462 smears examined at Southmead and Bristol General Hospitals 8 cases of carcinoma in situ were diagnosed and dealt with by operative treatment.

Deaths from lung cancer continued to rise. Since 1961 the average annual increase in Great Britain has been about 1,000. Research studies provide ever-increasing evidence of the connection between cigarette smoking and lung cancer and other serious diseases. The Ministry of Health wrote to local health and education authorities in October drawing their attention to these statistics and asking them to continue and to increase their health education on this subject.

Between 1961 and 1965 the number of people over 16 in Great Britain rose by more than 1½ million but the number of smokers fell by almost ½ million. The figures for 1966 were, however, slightly less encouraging. The number of non-smokers among men fell to 32 per cent and among women to 55 per cent. In the 16—19 years age group the number fell to 43 per cent for young men and 53 per cent for young women. A survey of adults' and adolescents' smoking habits and attitudes did not

suggest that the policy of schools towards smoking had a lasting effect on smoking behaviour compared with the effects of parental policy and example. Proportionately fewer smokers were found among sub groups of the population that were middleclass, better educated, regular church-goers and non-alcohol drinking. There was a general tendency for non-smokers to have fewer friends who smoked. Doctors have experience amongst their colleagues and patients of the ill effects of smoking and nowadays only about 30 per cent of medical practitioners smoke cigarettes. Smokers who expressed no wish to give up smoking and tended to reject anti-smoking arguments seemed to be reasonable targets for anti-smoking persuasion because attitudes might be changed and lead to the cessation of smoking. People who wished and tried unsuccessfully to give up smoking were more highly addicted.

In 1966, 239 Bristolians (203 males and 36 females) died from cancer of the lung and bronchus compared with 202 in 1960 (180 males and 22 females). A clinic for the control of smoking was started in Bristol in June 1963 and in all 285 people attended. Out of 155 people who completed the course of five sessions held at weekly intervals, 70 stopped completely and another 45 had greatly reduced their smoking. The corresponding figure for those attending three sessions was 40 per cent, and two sessions 20 per cent. Preliminary consideration was given to the organisation of a more intensive series held on five successive evenings.

There were 1,065 deaths (19.6 per cent of the total) from coronary disease, compared with 1,082 in 1965 and 286 deaths from bronchitis compared with 322 in 1965.

Infectious Diseases and their Prevention

For the seventeenth consecutive year there was no case of diphtheria, and for the fifth year none of poliomyelitis. The number of cases of whooping cough fell from 165 in 1965 to 117 in 1966.

There were 3,530 notifications of measles in 1966 and in co-operation with the Medical Research Council a large scale programme of vaccination against measles was started in July. Protection was primarily offered to children aged between one and two years although other age groups were not excluded if vaccination was requested by parents. By the end of the year the anticipated epidemic of measles had begun but of 1,089 vaccinated children only three developed measles, a much lower rate of infection than that experienced by their unvaccinated fellows.

Routine protection of young children continued against potentially killing diseases—diphtheria, whooping cough and tetanus—and against the crippling disease of poliomyelitis. Over 60 per cent of all children under the age of 5 years are protected against these diseases and about 65 per cent against diphtheria, whooping cough and tetanus. Unfortunately an unvaccinated 14-years-old schoolboy died from tetanus during the year. The rarity of diphtheria, tetanus and poliomyelitis must not lead us complacently to neglect publicising immunisation and vaccination programmes.

During the early summer several cases of smallpox (*variola minor*) occurred in different parts of the country, especially in the Midlands. Possible contacts of cases living in the Bristol area were visited and where necessary vaccinated. With the approval of the Ministry of Health and the Senior Administrative Medical Officer of the Birmingham Regional Hospital Board, the Deputy Medical Officer of Health and the Director of the Public Health Laboratory visited an Isolation Hospital at Solihull in order to gain more experience of the diagnosis of the disease. Routine

vaccination against smallpox is advised between the age of 1 and 2 years, in order to give protection as early and as safely as possible. In 1966 more than one third of the children of this age group were vaccinated, a lower number than desirable but an improvement on the statistics for 1964 and 1965.

There were 76 new notifications of pulmonary tuberculosis, the lowest ever recorded, and the incidence of the disease continued its decline. Of 193 patients in the Bristol Clinical Area found to have resistant tubercle bacilli between 1957 and the end of 1965 only 13 were still alive and had positive resistant sputum tests in 1966. Thirteen new cases were discovered in 1966, of whom one had already died and one has been lost sight of and left the City. There were therefore 24 active resistant cases, including 4 from the Weston-super-Mare area and 3 from the Clevedon area, in the Bristol Clinical Area on the 31st December 1966. Of the 24 cases, 10 are resistant to one drug, 6 are resistant to two drugs and 8 are resistant to three drugs. Only one secondary case was known to have arisen from all these resistant cases during the 9 years of observation. B.C.G. vaccination of school children, usually at the age of 13 years, continues to be the best accepted prophylactic procedure and more than 80 per cent of those eligible were protected in 1966. The parents of children entering primary schools in the central area of the City were offered B.C.G. vaccination where appropriate and a very high degree of co-operation was achieved.

General Epidemiology

Infectious Hepatitis is notifiable in East Anglia under the Jaundice Regulations and by orders made under Section 147 of the Public Health Act 1936, in 63 other areas, including Brighton, Bristol, Coventry, Darlington, Leicester, Manchester, Oxford, Portsmouth and Worcester. The number of notifications in Bristol in 1966 was 556 compared with 288 in 1965, thus giving some confirmation of the theory that there is a peak periodicity every 7 years in the incidence of the disease. In 1960 when there were 1,147 notifications, 82 per cent of the cases were children and this percentage fell to 33·9 per cent in 1963. In 1966 59·5 per cent of notifications were in children, 33·9 amongst those of primary school age. There were two deaths from the disease during the year, both boys aged 5 years.

Rubella is also locally notifiable and the numbers reported have declined from 1,559 in 1963 to 198 in 1966. With the isolation of the rubella virus and the determination of blood antibody levels it has become possible to evaluate gamma globulin given to mothers exposed to possible rubella infection in the first weeks of pregnancy. It is now realised that many women contract rubella infection with little or no clinical manifestation; the disease is particularly difficult to diagnose and until recently very uncommon, amongst West Indians. In order to prevent congenital handicaps in children efforts are being made in the United States of America and Belgium to develop an effective and safe vaccine, which might be given to children at about the age of 13 years.

Research work is being undertaken in Bristol on the epidemiology of glandular fever and there were 118 notifications in 1966 compared with 154 in 1965.

Venereal Disease

Ten Bristol residents and 14 patients at Avonmouth were treated for early syphilis. Four cases of congenital syphilis were seen during the year, the youngest a child of 3 years 8 months representing a missed case of maternal infection.

There was no increase in the number of male cases of gonorrhoea but the number of female cases fell by 24 per cent, reflecting the difficulties which have arisen since the retirement of Miss Stinchcombe. Whereas in 1962 the small West Indian population accounted for no less than 47 per cent of the gonorrhoea in male patients seen at the main Bristol Clinic, this number fell to 18 per cent in 1966, a very satisfactory development as families were reunited.

The number of young persons suffering from gonorrhoea showed no appreciable change from previous years but of the total number of male patients seen at the main clinic 11 per cent were under the age of 20 years and of the female patients 32.2 per cent were under 20 years of age.

Maternal and Child Welfare

In 1966 80 per cent of Bristol mothers had their babies in maternity hospitals and homes, the highest recorded rate for institutional deliveries. About a third of the mothers and babies returned home within 2 or 3 days of confinement, for home care by the domiciliary midwives and general practitioners. While the domiciliary midwives' visits deal with fewer home deliveries, they are especially concerned with after-care of more mothers and babies and it is hoped that the midwives' attendance will be extended to cover the first month of life.

The Ministry of Health issued a circular with regard to Family Planning asking local health authorities to make arrangements either directly or through a voluntary body for birth control advice and treatment to be available without charge to women for whom pregnancy would be detrimental to health. Bristol Health Committee has implemented this policy for many years and the special clinic session for the fitting of the intra-uterine contraceptive device has proved to be a most useful addition to the service. In the first 6 months of the operation of the clinic 46 West Indian women were fitted, 20% of the total. Nowadays, nearly half the average attendance at the clinic is by West Indians and in its first year of operation 300 out of 450 referrals came from the central areas of the City.

This report includes interesting accounts of the work of the sub-fertility clinics by Dr. Norma Boxall and Dr. George Foss.

At the end of the year there were 993 problem families known to Dr. C. D. Hopkins who heads the team of special health visitors, an increase of over 200 since 1963. Thus the work of the team has increased since the passing of the Children and Young Persons Act 1963, although the social supervision of the most incompetent families has been accepted by the Children's Department.

Developments in the registration and care of young children with congenital and acquired abnormalities included more frequent visits by health visitors to severely handicapped children; the offering of residential care for the children during the illness of the mother or to allow families to have short holidays, and priority admission of handicapped children to day nurseries, nursery schools and classes and voluntary playgroups. In the Speech and Hearing Centre attention has been paid to children diagnosed as partially deaf, especially those with perceptive hearing losses.

During the year talks were given by women medical officers to a number of voluntary organisations in the City on the subject of cancer, with particular reference to cervical and breast cancer.

Health Education

There were further developments in Health Education during the year. A new post of Assistant Health Education Officer was created and a clerk shorthand-typist was appointed to the Section; additional office space was also provided.

It was a record year for the number of talks and lectures given by members of the Health Department staff and it is apparent that more and more members of staff are participating actively in Health Education. The Report includes an interesting account of the development of specific health projects in which the Health Department collaborated with the Press, television service and many other organisations.

There is also an account of a special Study Day held at the Bush Training Centre in which most of the senior staff of the Department participated in reviewing current and future health education activities in the Department.

Home Safety

The Home Safety Council stand at the Flower Show was extremely colourful and was well patronised. The subject chosen dealt with the prevention of accidents out-of-doors and the twin themes of Camping and Anti-Litter were illustrated. The cartoon family, The Trouble Just-Comes, was once again used to illustrate the theme. The display was awarded a Gold Medal. It is worth recording that a Gold Medal was won also in 1964 and Silver Medals were gained in 1958, 1962, 1963 and 1965.

Nursing Services

Four divisional nursing officers were appointed three years ago and each acts as a group adviser to health visitors and district nurses and aims to bring about a closer integration not only of nursing and family doctor services but also of other local authority services in the area.

Much of the work of the health visitors is in the home as an educator, detector of physical, emotional and social problems and as a supporter of families in need. Although most home visiting is carried out on a selective basis, periodic visiting of families is still necessary because every phase of the development of children brings fresh problems and challenges. The case load of each health visitor varies between 300 and 700 families and those health visitors responsible for areas where there are many socially handicapped families cannot give as much help as is required. In the future more ancillary help will be given in these districts to use the special skills of the health visitors more economically.

Health visitors, home nurses and midwives should be members with social workers of the general practitioner's team and should be based at health centres. It might be interesting and useful to combine some of the home nurses' and health visitors' training to produce a community nurse who would have lesser skilled staff such as assistant nurses and welfare assistants to help her with her work.

The main source of recruitment of health visitors is still from Bristol University Training School; in the 1965/66 year only 8 students were sponsored by the Department of Public Health and 7 were successful. Seven health visitors who had completed their term of contract in September 1966 joined the permanent staff, 7 came from other local authorities and 2 returned part-time after marriage. Twelve left the authority, six because of marriage.

A revised system of record keeping in the home nursing service was introduced and basic information on all patients is stored on magnetic tape and a routine analysis is made of cases discharged during the year. One third of the patients discharged during the year had been cared for for a week or less and 6·7 per cent of the total were long-term cases, the most frequent diagnoses being diabetes and disorders of the bones and joints (each with 17 per cent), anaemia and senility (each with 14 per cent), vascular diseases etc. (13 per cent), and disease of the arteries (12 per cent). Almost two thirds of all patients discharged were over the age of 65 years and proportionate to the numbers on record there was a greater call for the district nursing services from females. At all ages the excess is about 30 per cent but is highest amongst those aged 5-44 years.

A district nurse was successfully attached to a two-handed general practice.

Mental Health Services

There is a national and local shortage of social workers in the mental health service. It was found impossible to staff each of the six mental health districts in the City with a team of senior mental welfare officer, a mental welfare officer and either a trainee mental welfare officer or a welfare assistant. The two posts of Senior Mental Welfare Officer employed jointly with Glenside Hospital and the two joint appointments with the United Bristol Hospitals were discontinued during the year and authority was given to create as an alternative two full-time senior mental welfare officers' posts. At one time the number of social workers fell to a dangerously low level and following discussions between officers of the Department of Public Health and Glenside Hospital, the Health Committee and the Hospital Management Committee agreed to a scheme of secondment of four nurses for a period of six months from the hospital to the local authority to act as relief mental welfare officers. As a result two male and two female nurses with considerable psychiatric experience and an interest in community care joined the local authority mental health section on the 1st August and after two months' intensive training and supervision undertook the full duties of mental welfare officers. The co-operation of the senior hospital medical and nursing staff and of the Hospital Management Committee was greatly appreciated.

The shortage of hospital beds for the mentally sub-normal and severely sub-normal has been particularly acute in respect of children under the age of 5 years and it has been necessary to accept a small number of children on a long-term basis in the Bush Residential Hostel which was originally intended for short-term care of up to two months. Following the recommendations that hospitals for the sub-normal should make day hospital provision for children and adults with disturbed behaviour or with gross sub-normality associated with physical handicaps, arrangements were made to transport daily by ambulance 5 men to Brentry Hospital and two children to Purdown Hospital School.

The first of a series of evening classes was established in conjunction with the Further Education Department of the Local Authority in May 1966. Two classes were set up initially—general education for a group of 15 young men and women who were given simple instruction and practice in learning the standards of behaviour expected of them as adults living in the Community. The other was home craft, which was attended by 13 young women and consisted of instruction over the whole range of domestic skills at a simple level. The project has been very successful and the numbers of people attending have maintained the level at the start of the series.

During the year there were encouraging new developments and re-arrangements in the programme of the Marlborough House workshops. The local health authority entered into a contract with the South Western Regional Hospital Board to supply a variety of dressing packs for use in the Board's hospitals. The work is now in hand and adequate supplies of materials have been provided by the Regional Hospital Board. A rate of pay per pack has been agreed and transport has been undertaken by the Board. At present the Bath Hospital Management Committee and the United Bristol Hospitals are being supplied, but it is hoped that more hospitals will be brought into the scheme.

The construction of a new hostel for elderly mentally infirmed persons was started early in 1966 but unfortunately the contractor went into voluntary liquidation and work came to a stand-still. A new contract was placed for work to be resumed early in 1967 and the hostel is expected to be brought into use early in 1968.

Ambulance Service

The Minister of Health, the Right Hon. Kenneth Robinson, M.P. opened the new Central Ambulance Station on the 14th November. For the first time since its inception in 1948 the Bristol Ambulance Service had premises of its own of which it could be justly proud. During the year the Report of the Working Party on Training of Ambulance Personnel was published and much thought was given to this subject and discussions held on the necessity of additional training of ambulance staff.

In 1966 a total of 177,747 patients were conveyed by the ambulance and its supplementary services. This showed an increase of 2,236 over the previous year. The vehicle mileage involved totalled 834,891, showing an increase of approximately 10,000 miles over 1965. The creation of new clinics and increases in various out-patient forms of treatment, together with a further deterioration in traffic conditions, imposed an increasing burden on the service from administrative and operational view points.

Although the speed of traffic through cities is reputed to be slowing down each year, the time for an ambulance to reach an emergency case in Bristol has remained relatively constant over the past three years. Three out of four cases were reached in less than 10 minutes and only one case in 10 waited more than a quarter of an hour for the ambulance to arrive.

The location of emergencies, types of cases, destination of patients and the time taken to get to hospital were a number of other features that have altered little over the past three years. Any major changes occasioned by the closing of peripheral stations following the opening of the new central station will very likely be reflected in the statistics for 1967. During the year there were relatively few weeks of operations under the new scheme.

Health of Corporation Employees

Meetings to explain policy and approach to Occupational Health Concepts were attended by members of the Health Committee, Chief Officers of Corporation Departments, Medical Officers and the Local Medical Committee, and departments were visited, jobs were watched and some personally experienced by the Senior Medical Officer. Classes in First Aid were used to get to know people at all levels of employment.

Three hundred and forty-one personal consultations by appointment, each averaging half an hour, were carried out by the Senior Medical Officer and others were arranged at short notice. Examples are given in the report of the types of problems encountered and solutions obtained.

It is important that there should be close liaison with general practitioners and random samples of 35 letters sent to 33 general practitioners showed that written replies were received from 29 and a telephone call from one.

A meeting was held with Chief Officers to discuss the mechanism for seeking alternative jobs for those with health problems affecting work so that patients could remain productive and continue to earn a living. In 1965 and 1966 24 people were considered to be satisfactorily resettled for medical reasons in new jobs and the rate of resettlement seemed to have doubled by the end of 1966. There is close liaison with the resettlement clinic at the Bristol Royal Infirmary and facilities have been given to refer patients directly to the Occupational Therapy Department if the general practitioners are agreeable.

Three primary first aid courses were given, one for office workers, one for manual workers and museum staff and one for a group of teachers from the Technical College. Groups of school meals supervisors, health visitors and students and domestic science teachers were given instruction in resuscitation. Special attention was paid to the St. John's Lay Instructors' course and the first Bristol Civil Defence 'Higher' course. A First Aid Room was equipped and furnished in the workshops at Albert Road.

An analysis of certified cases of sickness of more than a month in the Transport and Cleansing Department in 1966 showed that the total number of months lost through chronic bronchitis was about a third of those from all other causes. Vitalograph tests were carried out on refuse collectors as a small pilot scheme in order to plan for a general screening of groups of employees exposed to dust in their work.

Of 99 men in the City Engineer's Department exposed in sewers to the risk of Weil's Disease, 94 participated in a serological investigation and the results are awaited. Special enquiries were also made into the problems of road makers handling bitumen and the dangers of Carbon Monoxide Concentration in burning houses. The Senior Medical Officer spent a fortnight with the Bristol Civil Defence and Oxfam Teams following the earthquake in the Varto area of Turkey and visited the scene of the Aberfan disaster.

Environmental Health Services

There was a further substantial increase in the number of visits to give a record total of 108,053 in 1966. Of special significance were increases of 3,301 in visits to food premises, 1,579 to factories and out-workers, and 137 under the Housing Acts. It was found that less than 10 per cent of premises visited in connection with the Offices, Shops and Railway Premises Act complied fully with the requirements on the first inspection and of about 2,700 premises below the required standard 1,776 satisfied the requirements within three months.

There is a serious national shortage of qualified public health inspectors and with the approval of the Association of Public Health Inspectors it was agreed to recruit technical assistants who, after training, could carry out routine work under the supervision of qualified staff. Twelve assistants were appointed early in 1966, six being allocated to general district work, four to work in offices and shops and two to survey

under the Clean Air Act. The experiment has been very successful and the staff was further strengthened by three recently qualified student public health inspectors and two qualified inspectors from other authorities.

Since the publication of the final report on noise by the Wilson Committee, attention has been focused on the practicability of noise reduction from all sources, and in particular from construction and demolition works. With the co-operation of the City Engineer, tests were carried out on mufflers commercially available to reduce noise from pneumatic drills. An appreciable degree of reduction of noise was achieved and all new compressor and pneumatic drills purchased in the future by the City Engineer will have effective noise insulation, and the co-operation has been obtained from all the major contractors and statutory undertakers for the use of silenced equipment in built-up areas in the City. An appropriate clause has been entered in contracts involving the City Engineer's department.

Much attention has been paid to health education and technical training and the library of 35 mm. transparencies has been extended, thus providing a record of the work of the Department and of conditions in areas of the City that are rapidly disappearing. Among the factors influencing progress in housing have been the extent of owner/occupation; the ages and health of occupiers; under population of some of the areas surveyed; the problems of supporting and weather-proofing remaining houses, and the use of the site after clearance has been effected.

Every effort should be made to avoid so far as possible the creation of small sites which cannot be developed because these "scars of progress" frequently become rubbish dumps which lower the tone and amenity of the area. Clearance and redevelopment should follow one another as quickly as possible.

The City Council is rightly concerned with the repair and improvement of dwellings and during the year 63 dwellings, either houses or parts of buildings, were repaired and improved at an estimated cost of £63,800. Of these four were the subject of improvement grants and two were houses purchased and repaired by the local authority.

Miscellaneous problems included the investigation of a case of lead poisoning, problems associated with the slaughtering of chickens by immigrants and the unlawful use of land in the City by itinerant caravan dwellers.

Scientific Services

The Scientific Adviser has written his seventh annual report since the return of his department to Corporation control in 1960, the twentieth since his appointment as Public Analyst in 1947. Mr. Whittle was elected to the Vice Presidency of the Association of Public Analysts and was appointed as Moderator for the examinations that are a statutory requirement for all intending public analysts.

Although the total number of samples examined was 145 less than the record year of 1964, there was a significant increase in the sampling of fertilizers and feeding stuffs and in connection with port health. The national pesticide scheme became operative in August and although only 19 special samples were received during the year they were intensively examined.

Health Centres

Although the William Budd Health Centre has been operating since 1952 it still

deals with a high proportion of young children. In the City as a whole 20 per cent of the population are under 15 years of age but in the Centre the percentage is more than 30. Only 6·9 per cent of the patients attending the Centre were 65 years old or older. The new dental wing came into use during the year and improvements in decoration and flooring brightened the internal appearance of the building.

At St. George Health Centre 13·3 per cent of the patients are over the age of 65 years, a little higher than the figure revealed in the sample census of the City in 1966. In the smaller practice at the Centre the percentage is 17·2, more than 30 per cent higher than the estimated figure for the City as a whole.

Among the developments during the year were the introduction of cervical screening clinics and an earlier start for some evening surgeries.

Voluntary Organisations

In January 1960 the Industrial Therapy Organisation (Bristol) was established and a disused school opened in March as a training factory stimulating initiative. In November 1960 an associated car wash project was launched and in July 1961 a sheltered workshop was opened with the help of grants from the Nuffield Provincial Hospitals Trust and the Ministry of Labour. By February 1963, 55 (23 per cent) of the patients, including sufferers from schizophrenia, psychopathy, subnormality and epilepsy, had become wage-earners, mostly within their first year in I.T.O. Groups of patients were placed successfully in open industry and in January 1965 the tenancy of a service station equipped with a car wash unit was given to I.T.O. by a major petroleum company. A housing association was established and The Vale Hotel, Clifton, acquired and opened in March 1965. Gifts of furniture and other necessities were made by the Regional Hospital Board and commercial and voluntary organisations and a loan for the purchase and complete renovation by the Transport and General Workers Union. In November 1965 the Organisation took over the administration of six council houses built on land situated opposite Glenside Hospital. The Corporation Health Committee has given financial support to various aspects of the work of the organisation.

At the end of 1964 there were 120 worker patients in the I.T.O. Factory. During 1965 64 new patients were referred to the organisation, while 52 went into industry, 40 to jobs in the open market, after a combined total of 200 years in hospital. Twenty-four men and women were employed in the sheltered workshop and an average of 48 were engaged in sheltered employment in open industry. Forty-three men and women living at The Vale Hotel and the houses had spent 335 years in hospital.

During 1966 the housing association gave accommodation to 45 men and women and 190 worker patients were employed. The car wash unit averaged between 600–700 vehicles per week and the sheltered placement groups included 10 men working in Bristol Corporation Parks and Gardens and women employed on domestic cleaning duties at the new Regional Blood Transfusion Unit at Southmead Hospital. On 13th December Mr. Frank Cousins, General Secretary of the Transport and General Workers Union, assisted by Mr. R. L. Pincott, General Manager and Director of Cleveland Petroleum Co. Ltd., declared open the Service Station at Wellington Hill, considered to be amongst the best kept in the country.

Two developments by the Bristol Council of Social Service in 1966 are worthy of report. "Service 9" was sponsored with the help of a grant from the Good Neigh-

hours Trust and two organisers were appointed. The objectives were to co-ordinate the activities of young people in helping members of the community who were old, handicapped or for various reasons in need of practical assistance. Among the groups' projects were the visiting of patients in Hospitals for the chronically sick and mentally disordered and residents of Old Persons' Homes. An area study at Oldbury Court was attempted and City projects included clearance of sites. Among the individual jobs were visiting and undertaking tasks for the elderly and the handicapped including gardening and decorating and help with playgroups and in the homes for families and children. Assistance with records was given by the staff of the Department of Public Health and members of the medical staff serve on the Advisory Council.

Towards the end of the year the Council set up a Standing Committee on Drug Taking and one of the results will be the publication of a very useful book on Drug Dependence for administrative and field workers of the health, welfare and education services by Dr. Antony J. Wood, a First Assistant Medical Officer in the Department.

Veterinary Services

Although Foot and Mouth disease re-appeared on a large scale after three years with only one outbreak, there was only one possible contact with infected animals on a farm in Bristol. Four dogs were known to have got ashore from foreign vessels in the City or Avonmouth Docks and one dog whilst ashore bit a dock worker. The dog was seized and placed in quarantine and as no symptoms developed in the next 10 days, the victim could be reassured that the dog was not suffering from rabies. Two stables are registered under the Riding Establishments Act and 29 pet shops licensed under the Pet Animals Act. Pigeon control in the central area of the City continues to be a problem and droppings must harm the fabric of buildings. Limited egg destruction does no more than touch the fringe of the problem and if it is desirable to control the numbers of these birds, trapping and humane destruction will have to be adopted. The veterinary inspector estimates that at least 5,000 dogs and cats are killed or injured on the roads each year. Most of these accidents occur late at night and many of the animals are strays or unaccompanied by their owners. Although the Royal Society for the Prevention of Cruelty to Animals helps in emergency treatment, it is only a partial solution. It is difficult to identify the animals and to decide whether an injury requiring extensive treatment should be tackled particularly when the owner is not known. Treatment may be expensive but, more important, if seven days later no owner has been found or if the owner does not wish to keep the injured animals, then after a very uncomfortable period the animal is destroyed. Commonsense and the Law requires that every dog should wear a collar at all times bearing the owner's name and address. Another problem relates to the disposal of dead pet animals as flat dwelling increases. No easy solution seems possible.

Obituaries

Mr. R. Ramsay Garden died in Hospital at the age of 73 on the 11th April 1966, a few hours after the onset of a sudden illness in his home. Ramsay Garden graduated in Medicine in 1917 and after service in Mesopotamia obtained the D.P.H. in 1920 and came to Bristol as an Assistant Medical Officer of Health. He developed an interest in the eyes of school children and obtained permission in 1924 to attend clinics at

the Bristol Eye Dispensary. He re-organised the school eye service and was for many years the only local certifying officer for the Blind. In 1932 he was appointed surgeon to Bristol Eye Hospital and Ophthalmic Consultant to Bristol Corporation Medical Services and although he retired as a consultant (the last 10 years as Senior Surgeon at Bristol Eye Hospital) in 1958, he continued to work in the Department of Public Health. He was an outstandingly good clinician and a delightful colleague with wide interests outside medicine.

James Mackintosh, formerly Chief Medical Officer, Department of Health for Scotland and Professor of Public Health in the Universities of London and Glasgow, died in Bristol on the 20th April at the age of 75. He had a profound influence on the teaching of public health and several members of the senior medical staff of this and other departments in the West Country were among his 1,000 students. In his failing years he received domiciliary services from the department and was a generous contributor to the Samaritan Fund.

Retirements

Among the Clinic Superintendents who retired during the year were Miss Ann Davies with more than 40 years' service and Miss Gladys Nicklass with more than 25 years' service.

Miss Denise Robertson, who had worked as a physiotherapist with the Corporation Services since January 1928, retired in January, 1967 and Miss Constance Robertson, who had been similarly employed since 1931, retired on the 28th December, 1966. Both were much respected and well-known members of the staff of the Central Health Clinic.

Mr. Herbert W. Williams, who was employed as a Dental Surgeon since 1938, retired prematurely because of ill health at the end of March 1966.

I am grateful to the many contributors to the report, both named and un-named, and to the whole of the staff of the Department who have given me loyal and willing service. The Chairman and Vice-Chairman of the Health Committee have shown whole-hearted support and I greatly appreciate the help and guidance I have received from fellow Chief Officers.

My Deputy, Dr. J. F. Skone has collated this report.

I am your Obedient Servant,

R. C. WOFINDEN

THE HEALTH COMMITTEE, 1966

CHAIRMAN

Councillor W. H. ENGLAND

VICE-CHAIRMAN

Alderman Mrs. H. BLOOM

ALDERMEN

Mr. G. P. C. FORD (to May, 1966)
Mr. C. HEBBLETHWAITE (to May, 1966)
Mrs. A. E. NUTT (resigned 31.1.66)

COUNCILLORS

A. B. Abrams	G. B. Keeley (from June, 1966)
Mrs. G. C. Barrow	Mrs. G. V. M. McCraw (from June, 1966)
A. W. Barwood	Miss I. M. Lobb, M.B.E.
W. E. Blackmore	Mrs. M. G. Moore (to May, 1966)
K. I. Crawford (from June, 1966)	Mr. H. F. G. Skeates
M. R. Hulin	H. Trapnell, M.A.
Mrs. P. M. Jacob, J.P.	G. W. Tucker
Mrs. D. M. Jackson (from June, 1966)	

PUBLIC HEALTH STAFF, 1966

MEDICAL OFFICER OF HEALTH

R. C. WOFINDEN, M.D., D.P.H., D.P.A.
Deputy Medical Officer of Health: J. F. SKONE, M.D., D.C.H., D.P.H., D.I.H.

PRINCIPAL ASSISTANTS

Chief Assistant Medical Officer of Health and Senior Medical Officer for Mental Health:
H. Temple Phillips, M.D., D.I.H., D.C.H., D.P.H.
Senior Medical Officer—Port: G. N. Febry, M.B., D.P.H.
Senior Medical Officer—School Health Service: A. L. Smallwood, M.D., D.C.H., D.P.H.
Senior Medical Officer—Maternal and Child Health: Sarah C. B. Walker, M.D., D.P.H.
Senior Medical Officer—Epidemiology: P. W. Bothwell, M.D., D.P.H. (until 8th October)
A. J. Rowland, M.B., D.P.H. (from 1st December)
Senior Medical Officer—Occupational Health: J. W. Markham, M.B., D.P.H., D.I.H.
Chief Dental Officer: J. McCaig, L.D.S., R.F.P.S.
Chief Public Health Inspector: G. J. Creech, M.B.E., C.St.J., F.R.S.H., M.A.P.H.I.
Chief Administrative Officer: A. E. Meacham
Chief Nursing Officer: Margaretta Marks Jones, S.R.N., S.C.M., H.V., N.A.C.
(Public Health)

PROFESSIONAL AND TECHNICAL OFFICERS

Chief Ambulance Officer: R. F. F. Wood, F.I.A.O.
Health Education Officer: P. Mackintosh, B.A.
First Assistant, Organisation and Records: W. B. Fletcher, F.S.S., A.M.R.
Nutritionist: Margaret Chapman, S.R.D.
Senior Medical Social Worker: Marion Moncaster, A.M.I.M.S.W.

SCIENTIFIC ADVISER

E. G. Whittle, B.Sc., F.R.I.C.

VITAL STATISTICS & EPIDEMIOLOGY

A. J. Rowland

(Senior Medical Officer — Epidemiology)

W. B. Fletcher

(First Assistant, Organisation and Records)

A. J. Wood, M.B., B.S., D.P.H.

(First Assistant Medical Officer)

H. R. Cayton, M.B., Ch.B., M.C.Path.

(Director of the Public Health Laboratory, Bristol)

G. E. Clothier

(Meteorological Officer, University of Bristol)

VITAL STATISTICS

	1966	1965	1964	1963	1962	1961
POPULATION (See note below)	429,370	430,900	432,070	433,920	434,260	436,000
AREA IN ACRES	27,073	26,350	26,350	26,350	26,350	26,350
NUMBER OF MARRIAGES * 3,933	3,657	3,600	3,612	3,606	3,725	
LIVE BIRTHS						
Legitimate M. 3,365 F. 3,222	6,587	6,859	6,852	6,939	6,662	6,573
Illegit. M. 362 F. 352	714	741	665	701	587	488
Illegit. expressed as percentage of all births ...	9·8%	9·7%	8·8%	9·2%	8·1%	6·9%
Total Births	7,301	7,600	7,517	7,640	7,249	7,061
Live Birth Rate	17·0	17·6	17·4	17·6	16·7	16·2
STILLBIRTHS						
Legitimate M. 48 F. 50	98	109	82	112	111	128
Illegit. M. 3 F. 8	11	11	11	7	7	10
Total Stillbirths	109	120	93	119	118	138
Stillbirth Rate	14·7	15·5	12·2	15·3	16·0	19·2
Total Live and Stillbirths ...	7,410	7,720	7,610	7,759	7,367	7,199
INFANT DEATHS						
Infant Mortality Rate—Total	17·3	21·6	18·4	20·3	20·8	17·7
„ Legit. Births	17·2	21·4	17·5	19·5	20·0	17·8
„ Illeg. Births	18·2	22·9	27·1	28·5	30·7	16·4
Neo-Natal Mortality Rate ...	11·8	14·5	11·8	13·6	13·7	14·0
Early Neo-Natal Mortality Rate	10·7	12·5	10·4	12·6	12·0	12·6
Peri-Natal Mortality Rate ...	25·2	27·8	22·5	27·7	27·8	31·5
MATERNAL DEATHS						
Maternal Mortality Rate ...	0·54	0·26	0·26	—	0·14	0·14
DEATHS AT ALL AGES						
Male 2,729 Female 2,697	5,426	5,311	5,141	5,765	5,495	5,384
Death Rate	12·6	12·3	11·9	13·3	12·7	12·4

* Provisional

Note: The population on which rates are based is a weighted figure of 429,020 to allow for minor boundary changes which took place on 1st April, 1966.

TABLE 1

TOTAL DEATHS OF BRISTOL CITIZENS BY CAUSE AND AGE,

REGISTERED DURING THE CALENDAR YEAR 1966

(Compiled from figures supplied by the Registrar General)

CAUSE OF DEATH							Sex	At all ages	0-	1-	5-	15-	45-	65-	75+
All Causes	...	...	...	...	...	...	M	2,729	68	13	17	143	767	784	937
							F	2,697	58	14	10	75	394	633	1,513
1. T.B. Respiratory	...	...	...	...	...	...	M	11	—	—	—	—	7	1	3
							F	2	—	—	—	—	—	—	2
2. T.B. Other	...	...	...	...	...	...	M	2	—	—	—	—	2	—	—
							F	1	—	—	—	1	—	—	—
3. Syphilitic Disease	...	...	...	...	...	...	M	4	—	—	—	—	1	1	2
							F	4	—	—	—	—	2	1	1
4. Diphtheria	...	...	...	...	...	...	M	—	—	—	—	—	—	—	—
							F	—	—	—	—	—	—	—	—
5. Whooping Cough	...	...	...	...	...	...	M	—	—	—	—	—	—	—	—
							F	—	—	—	—	—	—	—	—
6. Meningococcal Infection	...	...	...	...	...	...	M	2	—	—	1	1	—	—	—
							F	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	...	...	...	...	...	...	M	—	—	—	—	—	—	—	—
							F	—	—	—	—	—	—	—	—
8. Measles	...	...	...	...	...	...	M	—	—	—	—	—	—	—	—
							F	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	...	...	...	...	...	...	M	6	—	1	3	1	1	—	—
							F	3	—	1	—	—	1	1	—
10. Malignant Neoplasm of Stomach	...	...	...	...	...	...	M	71	—	—	—	3	35	20	13
							F	52	—	—	—	—	11	18	23
11. „ „ „ Lung, Bronchus	...	...	...	...	...	...	M	203	—	—	—	5	100	67	31
							F	36	—	—	—	—	17	11	8
12. „ „ „ Breast	...	...	...	...	...	...	M	1	—	—	—	—	1	—	—
							F	99	—	—	—	7	46	23	23
13. „ „ „ Uterus	...	...	...	...	...	...	F	41	—	—	—	4	14	11	12
14. „ Other & Lymph. Neoplasms	...	...	...	...	...	...	M	234	—	1	—	14	87	60	72
							F	251	—	1	—	10	83	68	89
15. Leukaemia, Aleukaemia	...	...	...	...	...	...	M	16	—	1	—	—	8	3	4
							F	13	—	2	1	—	3	—	7
16. Diabetes	...	...	...	...	...	...	M	21	—	—	—	2	2	8	9
							F	23	—	—	—	—	8	5	10
17. Vascular Lesions of Nervous System	...	...	...	...	...	...	M	316	—	—	—	8	63	99	146
							F	495	—	—	—	4	38	110	343
18. Coronary Disease, Angina	...	...	...	...	...	...	M	652	—	—	—	22	235	214	181
							F	413	—	—	—	1	51	152	209
19. Hypertension with Heart Disease	...	...	...	...	...	...	M	57	—	—	—	2	18	24	13
							F	63	—	—	—	—	6	20	37
20. Other Heart Disease	...	...	...	...	...	...	M	225	—	—	—	5	25	52	143
							F	319	1	—	—	6	20	44	248
21. Other Circulatory Disease	...	...	...	...	...	...	M	177	—	—	—	3	32	43	99
							F	247	—	—	—	3	22	31	191
22. Influenza	...	...	...	...	...	...	M	15	—	—	—	1	3	2	9
							F	22	—	—	—	2	4	5	11
23. Pneumonia (including Pneu. of Newborn)	...	...	...	...	...	...	M	120	12	2	1	2	16	25	62
							F	179	12	3	—	3	6	27	128
24. Bronchitis	...	...	...	...	...	...	M	207	1	1	—	1	54	92	58
							F	79	1	—	—	1	7	26	44
25. Other Diseases of Respiratory System	...	...	...	...	...	...	M	31	—	—	—	1	5	13	12
							F	18	1	—	—	1	4	4	8
26. Ulcer of Stomach and Duodenum	...	...	...	...	...	...	M	22	—	—	—	—	2	13	7
							F	16	—	—	—	1	1	5	9
27. Gastritis, Enteritis and Diarrhoea	...	...	...	...	...	...	M	12	3	1	—	—	3	1	4
							F	20	1	—	—	—	3	5	11
28. Nephritis and Nephrosis	...	...	...	...	...	...	M	13	—	—	—	3	7	2	1
							F	7	—	—	—	2	2	1	2
29. Hyperplasia of Prostate	...	...	...	...	...	...	M	14	—	—	—	—	1	3	10
30. Pregnancy, Childbirth, Abortion	...	...	...	...	...	...	F	4	—	—	—	4	—	—	—
31. Congenital Malformations	...	...	...	...	...	...	M	21	12	—	1	3	4	—	1
							F	20	15	2	—	1	1	—	1
32. Other Defined and Ill-Defined Diseases	...	...	...	...	...	...	M	158	39	3	2	14	35	24	41
							F	195	25	2	6	17	27	51	67
33. Motor Vehicle Accidents	...	...	...	...	...	...	M	43	—	1	4	26	4	3	5
							F	18	1	1	3	3	3	4	3
4. All other Accidents	...	...	...	...	...	...	M	47	1	2	5	13	8	9	9
							F	37	1	2	—	1	3	6	24
5. Suicide	...	...	...	...	...	...	M	28	—	—	—	13	8	5	2
							F	20	—	—	—	3	11	4	2
6. Homicide and Operations of War	...	...	...	...	...	...	M	—	—	—	—	—	—	—	—
							F	—	—	—	—	—	—	—	—

TABLE 2
CAUSES OF DEATH REGISTERED DURING THE CALENDAR YEAR 1966
(Compiled from figures supplied by the Registrar General)

<i>Death Rate per million population</i>	<i>Cause of Death</i>							<i>No. of Deaths 1966</i>	<i>Per-cent of all Deaths</i>
30	1.	T.B. Respiratory ...	...	...	...	...	...	13	0.24
7	2.	T.B. Other ...	...	...	...	...	...	3	0.06
19	3.	Syphilitic diseases ...	...	...	...	...	...	8	0.15
—	4.	Diphtheria ...	...	...	...	...	...	—	—
—	5.	Whooping Cough ...	...	...	...	...	...	—	—
5	6.	Meningococcal Infection ...	...	...	...	...	...	2	0.04
—	7.	Acute Poliomyelitis ...	...	...	...	...	...	—	—
—	8.	Measles ...	...	...	...	...	...	—	—
21	9.	Other Infective and Parasitic Diseases ...	...	...	...	...	...	9	0.17
287	10.	Malignant Neoplasm of Stomach ...	...	...	...	...	...	123	2.27
557	11.	„ „ Lung and Bronchus ...	...	...	...	...	...	239	4.40
233	12.	„ „ Breast ...	...	...	...	...	...	100	1.84
96	13.	„ „ Uterus ...	...	...	...	...	...	41	0.76
1,130	14.	„ „ Other & Lymphatic Neoplasms ...	...	...	...	...	...	485	8.94
68	15.	Leukaemia, Aleukaemia ...	...	...	...	...	...	29	0.53
103	16.	Diabetes ...	...	...	...	...	...	44	0.81
1,890	17.	Vascular Lesions of Nervous System ...	...	...	...	...	...	811	14.95
2,482	18.	Coronary Disease, Angina ...	...	...	...	...	...	1,065	19.63
280	19.	Hypertension with Heart Disease ...	...	...	...	...	...	120	2.21
1,268	20.	Other Heart Disease ...	...	...	...	...	...	544	10.03
988	21.	Other Circulatory Diseases ...	...	...	...	...	...	424	7.81
86	22.	Influenza ...	...	...	...	...	...	37	0.68
697	23.	Pneumonia (Including that of newborn) ...	...	...	...	...	...	299	5.51
667	24.	Bronchitis ...	...	...	...	...	...	286	5.27
114	25.	Other Diseases of Respiratory System ...	...	...	...	...	...	49	0.90
89	26.	Ulcer of Stomach and Duodenum ...	...	...	...	...	...	38	0.70
75	27.	Gastritis, Enteritis and Diarrhoea ...	...	...	...	...	...	32	0.59
47	28.	Nephritis and Nephrosis ...	...	...	...	...	...	20	0.37
33	29.	Hyperplasia of Prostate ...	...	...	...	...	...	14	0.26
9	30.	Pregnancy, Childbirth or Abortion ...	...	...	...	...	...	4	0.07
96	31.	Congenital Malformations ...	...	...	...	...	...	41	0.76
823	32.	Other defined and ill-defined diseases ...	...	...	...	...	...	353	6.51
142	33.	Motor Vehicle Accidents ...	...	...	...	...	...	61	1.12
196	34.	All Other Accidents ...	...	...	...	...	...	84	1.55
112	35.	Suicide ...	...	...	...	...	...	48	0.88
—	36.	Homicide and Operations of War ...	...	...	...	...	...	—	—
ALL CAUSES ...							5,426		

TABLE 3
INFANT MORTALITY (Local figures, corrected for transfers)
(Deaths occurring within the Calendar Year 1966)

<i>1965</i>	<i>Cause of Death</i>	<i>1966 Total</i>	<i>First Day</i>	<i>From one day to under one week</i>	<i>From one week to four weeks</i>	<i>Total under four weeks</i>	<i>Total from one month to under twelve months</i>
21	Pneumonia (4 weeks plus)	20	—	—	—	—	20
5	*Pneumonia (newborn)	8	2	5	1	8	—
2	Bronchitis	2	—	—	—	—	2
6	Gastro enteritis (Post N/Natal)	3	—	—	—	—	3
42	*Congenital malformations	24	6	4	6	16	8
4	*Birth injury	8	4	4	—	8	—
45	*Post-natal asphyxia, atelectasis etc.	18	14	4	—	18	—
1	*Other sepsis of newborn	1	1	—	—	1	—
2	*Haemolytic disease of newborn	4	3	1	—	4	—
3	Haemorrhagic disease of newborn	1	—	1	—	1	—
2	*Other diseases of early infancy	3	—	3	—	3	—
24	*Immaturity	23	17	6	—	23	—
9	Other causes	8	1	—	1	2	6
166	TOTALS	123	48	28	8	84	39
	Rate per 1,000 live births						
	registered 1966	16.8	6.6	3.8	1.1	11.5	5.3
	Totals for 1965	166	56	40	15	111	55
	Rates for 1965	21.8	7.4	5.3	2.0	14.6	7.2
	*Where there has been mention of immaturity	1966 ... 48	1965 ... 61				
	Infant Deaths in:— Hospitals	100	(includes 4 in hospitals outside Bristol)				
	Private Nursing Homes	Nil					
	Private Residences	23					

TABLE 4

INFECTIOUS DISEASES NOTIFIED DURING 1966 (Local figures)

NOTIFIABLE DISEASE	At all ages		Number of cases by age group							Incidence by quarters of 1966			
	1964	1965-1966	0-1	1-4	5-14	15-24	25-44	45-64	65+	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.
Erysipelas	...	33	29	20	—	—	—	1	15	4	3	5	8
Scarlet Fever	...	112	186	199	1	61	131	4	2	54	56	47	42
Paratyphoid	3	—	—	—	—	—	—	—	—	—	—
Typhoid	—	1	—	—	—	—	1	—	—	—	1
Meningococcal infection	—	1	4	—	1	2	1	—	2	—	—
Pneumonia—Primary	...	96	67	68	8	10	4	3	8	22	13	7	22
—Influenzal	1	14	—	—	—	2	3	2	7	—	—
Infectious Hepatitis	...	133	288	556	1	53	277	98	94	26	7	123	147
Glandular Fever	...	126	154	118	—	3	15	88	11	1	—	20	26
Dysentery	...	504	579	190	11	65	44	16	31	21	2	25	103
Food Poisoning (Confirmed Cases)	...	49	146	55	7	4	12	10	9	10	3	15	9
Measles	...	1,763	5,564	3,530	138	2,028	1,357	5	2	—	—	844	791
Rubella	...	287	539	198	21	83	71	15	8	—	—	78	38
Whooping Cough	...	315	165	117	23	66	25	1	2	—	—	39	42
Acute Rheumatism (Under 16 yrs.) (confirmed cases)	...	11	33	12	—	—	12	—	—	—	5	4	1
Ophthalmia Neonatorum	...	4	5	1	1	—	—	—	—	—	—	—	—
Puerperal Pyrexia	...	54	34	16	—	—	—	10	6	—	6	3	2

TABLE 5

TUBERCULOSIS NOTIFICATIONS

				CASES												65 and over
				Sex	At All Ages	Un- der one	1-	5-	10-	15-	20-	25-	35-	45-	55-	
1966—																
<i>Pulmonary Tuberculosis</i>																
New notifications	...	...	...	M	47	—	—	—	—	—	4	5	7	10	11	10
				F	29	—	—	—	1	1	7	5	3	3	6	3
Transfers from other areas	...	...	...	M	17	—	—	—	—	2	1	1	4	4	3	2
				F	9	—	—	—	—	2	3	2	1	—	1	—
Deaths mentioning Tuberculosis, not notified	...	...	...	M	5	—	—	—	—	—	—	—	—	1	—	4
				F	2	—	—	—	—	—	—	—	—	—	1	1
1966—																
<i>Non-pulmonary Tuberculosis</i>																
New notifications	...	...	...	M	3	—	—	—	—	—	—	—	—	2	1	—
				F	10	—	—	—	—	—	1	4	2	—	3	—
Transfers from other areas	...	...	...	M	1	—	—	—	—	—	—	—	1	—	—	
				F	—	—	—	—	—	—	—	—	—	—	—	
Deaths mentioning Tuberculosis, not notified	...	...	...	M	1	—	—	—	—	—	—	—	—	—	1	—
				F	1	—	—	—	—	—	—	1	—	—	—	—
<i>New Notifications—</i>																
<i>Pulmonary—</i>																
1965	...	...	...	M	61	—	—	—	—	2	7	12	8	9	13	10
				F	26	—	—	—	—	3	3	2	4	5	4	5
1964	...	...	...	M	108	—	1	—	2	4	7	22	16	17	20	19
				F	41	—	1	—	1	2	5	8	7	7	6	4
1963	...	...	...	M	97	1	—	2	—	2	11	8	19	22	19	13
				F	45	—	2	1	1	2	9	10	8	7	4	1
1962	...	...	...	M	89	—	3	2	2	4	4	12	14	17	19	12
				F	42	—	4	1	3	5	3	8	9	2	3	4
1961	...	...	...	M	93	—	—	2	2	4	6	16	16	17	21	9
				F	63	—	1	2	2	2	7	15	8	9	10	7
<i>Non-Pulmonary—</i>																
1965	...	...	...	M	5	—	—	—	—	2	—	—	1	—	2	—
				F	7	—	—	—	—	—	1	1	2	3	—	—
1964	...	...	...	M	10	—	—	—	—	—	2	3	4	1	—	—
				F	10	—	1	—	—	—	1	4	2	1	—	1
1963	...	...	...	M	5	—	—	—	—	—	—	2	—	1	—	2
				F	16	—	2	1	—	—	3	5	2	1	1	1
1962	...	...	...	M	2	—	—	—	1	—	—	—	—	—	—	1
				F	9	—	1	1	—	—	1	3	2	1	—	—
1961	...	...	...	M	8	1	—	—	1	—	2	—	1	1	1	1
				F	12	—	1	—	1	—	—	3	—	4	1	2

TABLE 6

TUBERCULOSIS IN BRISTOL (Deaths)

(Registrar General's corrected figures)

<i>Year</i>	<i>Sex</i>	<i>At All Ages</i>	<i>Under One</i>	<i>1—</i>	<i>5—</i>	<i>15—</i>	<i>45—</i>	<i>65 and over</i>
PULMONARY TUBERCULOSIS—								
1966	M	11	—	—	—	—	7	4
	F	2	—	—	—	—	—	2
1965	M	12	—	—	—	1	1	10
	F	5	—	—	—	—	1	4
1964	M	10	—	—	—	1	5	4
	F	1	—	—	—	—	—	1
1963	M	10	—	—	—	—	4	6
	F	7	—	—	—	2	4	1
1962	M	14	—	—	—	2	8	4
	F	9	—	—	—	1	6	2
1961	M	15	—	—	—	3	7	5
	F	6	—	—	—	3	2	1
NON-PULMONARY TUBERCULOSIS—								
1966	M	2	—	—	—	—	2	—
	F	1	—	—	—	1	—	—
1965	M	1	—	—	—	1	—	—
	F	1	—	—	—	—	—	1
1964	M	1	—	—	—	—	—	1
	F	2	—	—	—	—	1	1
1963	M	1	—	—	—	—	—	1
	F	1	—	—	—	1	—	—
1962	M	2	—	—	—	—	1	1
	F	4	—	—	—	1	2	1
1961	M	2	—	—	—	—	2	—
	F	2	—	—	—	—	—	2

TABLE 7

IMMUNISATION AGAINST DIPHTHERIA, TETANUS, WHOOPING COUGH AND POLIOMYELITIS

	1966			1965		
	<i>Under</i> 5 yrs.	<i>5-15</i> yrs.	<i>Total</i> <i>under</i> 16 yrs.	<i>Under</i> 5 yrs.	<i>5-15</i> yrs.	<i>Total</i> <i>under</i> 16 yrs.
	<i>Administered by</i>			<i>Administered by</i>		
			<i>Local</i> <i>Auth'y.</i>			<i>Local</i> <i>Auth'y.</i>
			<i>G.P.</i>			<i>G.P.</i>
Diphtheria (whether combined with others or not)						
Primary Course	5,016	132	5,148	3,120
Booster	2,997	1,930	4,927	3,011
Whooping Cough (combined or not)						
Primary Course	4,952	103	5,055	3,047
Booster	2,678	1,143	3,821	2,254
Tetanus (combined or not)						
Primary Course	5,027	365	5,392	3,430
Booster	3,001	2,016	5,017	3,012
Poliomyelitis (oral)						
Primary Course	5,528	638	6,166	3,732
Booster	937	1,467	2,404	1,554

TABLE 8

SMALLPOX VACCINATION

<i>Age at time of vaccination</i>	1966		1965	
	<i>Primary</i>	<i>Revaccination</i>	<i>Primary</i>	<i>Revaccination</i>
<i>Under one year</i>	...	124	202	—
<i>One year</i>	...	2,519	1,975	—
<i>Two — four years</i>	...	943	728	38
<i>Five — fifteen years</i>	...	402	272	151
<i>Totals</i>	...	3,988	3,177	189

PULMONARY TUBERCULOSIS

The 76 new notifications received during the year was the lowest figure ever recorded and the continuing decline of this disease can be seen from the figures in Table 5.

B.C.G. vaccination of children nearing school-leaving age was accepted by 80 per cent of parents of eligible children during the year, which is the highest acceptance rate for any vaccination procedure. Small variations in the percentage of natural converters is largely accounted for by variations in standards of reading where skin reactions are slight. Strongly positive reactions, which involve further investigation, continue to be few. B.C.G. vaccination of tuberculin negative controls of proved cases of tuberculosis is undertaken by the physicians at the chest clinic.

NON-PULMONARY TUBERCULOSIS

There have been no significant variations in the number of non-pulmonary tuberculosis cases notified over the past few years.

FOOD POISONING

There were 55 confirmed notifications of food poisoning in the city in 1966. There was no generalised outbreak, but nine family outbreaks occurred, accounting for 24 of the cases. The remaining 31 cases were all sporadic.

As the table shows, all but three (due to staphylococcus aureus) of the cases were the result of salmonella infection:—

<i>Agent</i>			<i>Family Outbreaks</i>	<i>Sporadic Cases</i>	<i>All Incidents</i>	<i>All Cases</i>
<i>S. typhimurium</i>	...	...	4	18	22	27
<i>S. heidelberg</i>	...	...	3	5	8	16
<i>S. enteritidis</i>	...	...	2	—	2	4

Single sporadic cases of infection occurred due to each of the following salmonellae: *S. Indiana*, *S. Senftenberg*, *S. Panama*, *S. Infantis*, *S. Stanley*.

TYPHOID AND PARATYPHOID FEVERS

No case of paratyphoid fever occurred during 1966, but in July a case of typhoid fever occurred in a holiday maker who had been to Spain. She was very ill when admitted to Ham Green Hospital, but responded well to treatment and suffered no complications. The other members of her household and friends who accompanied her to Spain were free from infection.

Another lady, not a Bristolian, but also on return from Spain, was admitted to a Bristol Private Nursing Home with an undiagnosed fever. In retrospect this was diagnosed as typhoid and the whole staff was screened. The room and equipment she used was sterilised.

No further case occurred.

DYSENTERY

1966 was a relatively quiet year for dysentery—there were 190 notifications. The average notification rate over the years 1961–66 inclusive was 459 per annum.

WHOOPING COUGH

Of the 117 cases notified, 22 had been immunised within the previous three years. During the year the Public Health Laboratory Service has been carrying on an investigation into cases of suspected whooping cough, as well as notified cases, with a view to recovering the causative agent and checking the immunisation status of patients. To date, no isolations of the whooping cough organism have in fact been made in Bristol. The survey is to continue.

TETANUS

A death from tetanus occurred in a 14-year-old Bristol schoolboy during the year. He was admitted to Southmead Hospital with a penetrating wound beneath the left eye. Typical stiffness of the jaw developed eight days later and he was transferred to Ham Green Hospital. Despite all the most up-to-date treatment, he died three weeks after the onset of symptoms. He had never received active immunisation against tetanus.

COMBINED IMMUNISATION

It is estimated that about 65 per cent of Bristol children aged five years or less have been protected against diphtheria, whooping cough and tetanus. The figures are shown in Table 7.

POLIOMYELITIS IMMUNISATION

Poliomyelitis immunisation by means of the living (Sabin) vaccine is also offered and approximately 60 per cent of children under five are protected (Table 7). There was no case of poliomyelitis notified in Bristol in 1966—the sixth successive year for which this can be said.

SMALLPOX VACCINATION

Smallpox vaccination is offered in infancy, preferably between the ages of one and two years. The main advantage of carrying out primary vaccination at this time is that it reduces the chances of any serious after effects to the lowest possible level. In these days of increasing international travel, many will need vaccination against this disease at some time in their lives. The number of persons under 16 vaccinated in 1966 was 3,988. This compares with 3,177 in 1965 (see Table 8).

As a result of the smallpox (variola minor) outbreaks in the midlands and the north in the early summer, many countries imposed restrictions on British travellers. This was reflected in a much increased demand for vaccination in the Foreign Travel Clinic. It was necessary to arrange special vaccination sessions because of the demand.

SMALLPOX CONTACTS—JUNE, 1966

Thirteen Bristol families were in contact with a case of smallpox at a Weymouth camping site. All were traced and vaccinated. Because the diagnosis was delayed, :

"second ring" of contacts comprising the 405 classmates of the children were also vaccinated. No case of smallpox occurred in Bristol.

Another alert occurred in July when a married couple stayed in several guest houses whilst the lady was thought to be suffering from smallpox. A full-scale campaign was launched to find all contacts and, as a result, some 72 people were vaccinated, including the staff of a laundry. The laboratory in Wales eventually confirmed that the virus isolated from the woman was chickenpox.

MEASLES

Under the auspices of the M.R.C., children resident in Bristol were offered vaccination against measles from July onwards. Although this was primarily intended for children between one and two years of age, other children were not refused vaccination if the parents made a special request, providing of course that they had not had measles already. The method of vaccination chosen was to give the killed vaccine first in order to modify the response to live vaccine, given four weeks later, so reducing the incidence of febrile reactions.

Unfortunately a start was not made early enough to make any significant impression on the measles epidemic which was building up by the end of the year. Inevitably some children contracted measles before they could be properly protected by the second dose, and this led to some confusion, some doctors thinking as a result that the vaccine was not effective. In fact, once maximum protection had been achieved, by 10 to 14 days after the live vaccine had been given, experience showed that a high level of protection had resulted.

During the period August to December, 1,089 children were vaccinated, of whom three were subsequently notified as suffering from the disease. This protection rate corresponds closely with the 90 per cent recorded in the controlled trials conducted by the Medical Research Council in 1964/65.

No untoward effects of vaccination against measles were reported.

Notifications of measles in 1966 were unusually high for what was regarded as a non-measles year. This was mainly due to an unusual increase in the number of cases of the disease occurring in the spring and summer.

INFECTIOUS HEPATITIS

There were 556 notifications in 1966. This shows an increase on 1965, and the record of notifications since 1961 (table below) demonstrates that the lowest number of notifications during the period was received in 1963. Since that year there has been a steady increase. As the number of cases reported increases, the proportion of cases occurring in children under the age of 15 years also increases.

Cases of Infectious Hepatitis notified in 1966 by age and sex
(cases known and confirmed, with date of onset in 1966)

		0-4	5-9	10-14	15+
Male	...	26	91	49	120
Female	...	25	101	36	108

Notifications of Infectious Hepatitis since 1961

Year	0-14	15+	Total
1961	738	222	960
1962	183	105	288
1963	38	74	112
1964	63	64	127
1965	179	109	288
1966	328	228	556

RUBELLA

198 cases were notified in 1966 as compared with 539 in the previous year.

GLANDULAR FEVER

The number of cases of glandular fever notified in 1966 was 118, which does not show any significant change from notifications received in previous years.

Notifications of Glandular Fever, 1963—1966

	0-4	5-14	15-24	25+	All Ages
1963	3	31	67	18	119
1964	4	12	105	21	142
1965	6	34	101	13	154
1966	3	15	88	12	118

FOREIGN TRAVEL CLINIC

As mentioned earlier, special sessions were hurriedly arranged to cope with the requirements of foreign countries who insisted upon smallpox vaccination for British travellers following the outbreak in the Midlands.

More than 300 people were dealt with at two sessions held on the 17th and 19th of May, when during that month alone 17 special sessions coped with 1,223 urgent demands for smallpox vaccination.

More than 3,000 attendances were made at more than 40 emergency sessions, whilst eight sessions devoted to schoolchildren recorded a further 442 attendances.

The routine weekly sessions dealt with 2,220 patients, of whom 865 received yellow fever vaccination either alone or combined with other prophylactic procedures.

Of the people attending the routine sessions, about half were going on holiday, a quarter on business and one in eight was emigrating. The balance comprised a miscellaneous group which included families accompanying service personnel overseas.

It may be of interest to note that when the foreign travel clinic was started in 1962 the proportion of travellers going by sea was in the region of 60 per cent, compared with 32 per cent in 1966.

The total number of smallpox vaccinations for foreign travel at the routine and special sessions was 4,691. This represented approximately one fifth of all the smallpox vaccinations for foreign travel given in Bristol, for almost 21,000 international certificates were authorised at the Central Health Clinic in respect of vaccinations given by general practitioners.

Vaccinations against cholera totalled approximately 1,000, of which rather more than half were done privately by general practitioners.

METEOROLOGICAL RECORDS 1966

	Means			Air Temperature (°C)			No. of ground frosts	Rainfall (")		Sunshine (Hours)		Soil Temperature at 0900 G.M.T.				
	A Max.	B Min.	Means of A & B	Diff. from normal	Max.	Min.		Total	Percent of Average	Most in a day	Daily Mean	Percent of Average	4"	8"	24"	
January	...	5.8	1.0	3.4	-1.3	13	-9	18	1.75	52	0.47	1.20	73	3.2	3.7	5.4
February	...	9.2	4.7	6.9	+2.1	14	-1	8	4.02	164	0.50	1.21	50	6.0	6.1	6.8
March	...	10.9	3.5	7.1	+0.5	13	-1	19	1.17	51	0.51	4.30	122	5.9	6.3	7.6
April	...	11.4	5.3	8.2	-0.5	21	-1	7	4.12	183	0.59	3.10	60	7.8	7.8	8.3
May	...	16.1	6.7	11.4	-0.3	24	2	11	2.70	109	0.58	7.61	113	11.7	11.3	11.9
June	...	19.8	11.1	15.4	+0.2	27	5	1	2.41	116	0.54	5.64	80	15.9	15.4	15.2
July	...	19.3	11.3	15.1	-1.3	26	7	0	2.10	68	0.42	5.41	94	16.1	15.8	16.3
August	...	19.8	11.0	15.4	-0.7	26	7	1	3.02	83	0.78	6.05	111	15.6	15.4	16.2
September	...	18.4	10.2	14.3	+1.2	22	5	0	2.19	65	0.57	4.78	112	14.2	14.6	16.1
October	...	14.5	7.2	10.9	+0.6	21	-1	6	4.26	116	0.79	3.18	99	10.6	11.1	13.4
November	...	8.7	2.9	5.8	-1.3	12	-3	15	3.42	90	1.86	1.70	89	5.3	5.8	8.1
December	...	9.7	3.6	6.7	+1.5	13	-1	12	3.82	107	1.10	1.42	99	5.6	5.8	6.8
Totals or means	13.6	6.5	10.1	0.0	—	—	—	98	34.98	97	—	3.83	94	9.8	9.8	11.0

Figures supplied by courtesy of the University of Bristol's Department of Agriculture and Horticulture Research Station, Long Ashton.

VENEREAL DISEASE

A. E. Tinkler, M.A., M.D., D.P.H.

(Consultant Venereologist South Western Regional Hospital Board)

There was an appreciable fall in the total number of new cases seen at the Bristol Venereal Disease Clinics in 1966 as compared with the previous year.

TABLE 1

NEW CASES — ALL CONDITIONS — BRISTOL CLINICS, 1959—1966

<i>Year</i>	<i>All Cases</i>	<i>Bristol Residents</i>
1959	2,280	1,664
1961	2,967	2,277
1963	2,968	2,448
1965	4,404	3,635
1966	3,615	2,929

SYPHILIS

1965 was the first year since records were kept in which no cases of early syphilis in Bristol residents were recorded. In view of the rising incidence in the country as a whole it was not to be expected that this would be repeated in 1966. Ten such cases were seen in Bristol residents in 1966 and an additional 14 cases were seen at the Avonmouth Dock Clinic.

Four cases of congenital syphilis were seen during the year, three of them over the age of 15 years, the fourth case was a child of three years eight months and thus represented a recent missed case of maternal syphilis.

TABLE 2

NUMBER OF NEW CASES OF SYPHILIS SEEN AT BRISTOL CLINICS, 1959—1966

<i>Year</i>	<i>All Cases</i>				<i>Bristol Residents</i>			
	<i>Early Syphilis</i>	<i>Late Syphilis</i>	<i>Congenital Syphilis</i>	<i>Total</i>	<i>Early Syphilis</i>	<i>Late Syphilis</i>	<i>Congenital Syphilis</i>	<i>Total</i>
1959	26	7	—	33	10	6	—	16
1961	12	25	—	37	4	20	—	24
1963	31	33	—	64	14	28	—	42
1965	16	8	—	24	—	8	—	8
1966	24	9	4	37	10	9	4	23

GONORRHOEA

In England and Wales as a whole the rise in the incidence of gonorrhoea continued in 1966. In the Bristol clinics the number of male cases showed no change over the previous year whereas the number of female cases declined by 24 per cent. This is a very disturbing feature of the Bristol figures for 1966 since it clearly indicates a decline in the efficacy of the contact tracing procedures rather than a decline in

actual incidence of the disease amongst female patients. Since the reservoir of infection of the venereal diseases is the undiagnosed female patient, this failure in case finding among female contacts may well result in a sharp rise in incidence in the City of Bristol in 1967.

TABLE 3

INCIDENCE OF GONORRHOEA — BRISTOL CLINICS, 1958—1966

<i>Year</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
1958	295	59	354
1962	429	148	577
1965	543	337	880
1966	538	255	793

The two main sociological problems associated with the venereal diseases are the high proportion of immigrant patients and the ever increasing proportion of young persons requiring treatment.

With regard to the first of these two problems the Bristol figures for 1966 show a very encouraging change. Whereas in 1962 the small West Indian population accounted for no less than 47 per cent of the gonorrhoea in male patients seen at the main Bristol clinic, this proportion has fallen to 18 per cent in 1966. Other non United Kingdom nationals account for about 16 per cent of the male gonorrhoea seen in the Bristol clinic and this proportion has remained constant since 1962.

VENEREAL DISEASE IN YOUNG PERSONS

The proportion of young persons found to be suffering from gonorrhoea showed no appreciable change in 1966 from the proportions recorded in recent years. Of the total male cases seen at the main centre 9·1 per cent were under the age of 20 years and of the female cases 32·2 per cent were under 20 years of age.

TABLE 4

**GONORRHOEA — BRISTOL 1958—1966
PERCENTAGE OF PATIENTS UNDER 20 YEARS**

<i>Year</i>	<i>Males</i>	<i>Females</i>
	<i>Maudlin St. Clinic</i>	<i>Maudlin St., Southmead & Central Health Clinics</i>
1958	7·0	21·6
1959	4·4	26·5
1960	4·5	26·1
1961	7·4	32·7
1962	7·0	20·0
1963	7·7	30·0
1964	10·0	34·5
1965	9·3	35·0
1966	9·1	32·2

MATERNAL AND CHILD WELFARE SERVICE

Sarah Walker

(Senior Medical Officer, Maternal and Child Welfare Service)

There were 7,301 live babies registered as born to Bristol mothers in 1966, giving a live birth rate of 17·0—299 fewer than in 1965, when the live birth rate was 17·6.

We are glad to report an improvement in the perinatal and infant mortality experience in 1966 compared with 1965; the still birth rate was 14·7 per 1,000 live and still births in 1966 (15·5 in 1965), the neonatal death rate was 11·8 per 1,000 live births (14·5 in 1965), and the perinatal death rate was 25·2 per 1,000 live and still births (27·8 in 1965). The infant mortality rate of 17·3 per 1,000 total live births was the lowest ever recorded in the City.

There were, however, four maternal deaths during the year; one was an associated death due to tuberculous meningitis; the other three were directly due to pregnancy or childbirth. One was the result of a pulmonary embolism following operation for termination of pregnancy (hysterotomy) for medical reasons; another was due to septicaemia following abortion—there being insufficient evidence to establish the cause of the abortion. The third death, from eclampsia, was that of an unmarried mother who failed to co-operate in antenatal care and treatment.

In 1966, 80 per cent of Bristol mothers had their babies in maternity Hospitals or Homes; this is the highest recorded rate for institutional deliveries ever recorded in Bristol. This high proportion could not be reached but for the fact that about one third of the mothers and babies return home within two to three days of confinement, for home care by the domiciliary midwife and general practitioner.

While the domiciliary midwife of today is dealing with fewer home deliveries, she is concerned with the after-care of more mothers and babies. This post-natal care is of great importance to ensure a good start for the baby, and it is hoped that in order to maintain continuity of care at this stage, we may be able to extend the midwife's attendance to cover the first month.

Early in the year, the Minister of Health issued a circular in regard to Family Planning, asking Local Health Authorities to make arrangements for birth control advice and treatment to be available without charge to women to whom pregnancy would be detrimental to health. Such a service to be provided either directly or through a voluntary body. The recommendations outlined were those which the Health Committee had followed in this City for many years, provision being made in the Health Department Clinics for women to be given contraceptive advice for medical reasons, and this has been a free service. Reference was made in last year's Report to the special clinic sessions for the fitting of the intra-uterine contraceptive device; this has proved to be a most useful addition to the service, in particular for those women most in need of advice. Since 1951 the Family Planning Association have been given facilities, free of charge, to hold evening sessions in the Department's Clinics—Bristol is therefore well covered both by Local Authority and Voluntary Birth Control services.

In April 1966 arrangements were made for facilities to be available at the main Health Clinics for routine cervical smears to be taken from women aged 35 years or over, and for those irrespective of age where there were medical indications. The pathological work is covered mainly by Southmead Hospital, under the direction of Dr. Johnstone, and in the case of Central Clinic by the Bristol General Hospital.

under the direction of Dr. Cornes. During the year a total of 3,462 smears were taken in the Clinics, and of these eight cases of carcinoma in situ were diagnosed and dealt with by operative treatment.

The test is a simple one for the detection of early cancer of the cervix at a stage when treatment can be effective. Our efforts must be particularly directed to women of social groups four and five, who have had several children, since they are those mainly at risk of developing this type of cancer.

During the year talks have been given by women medical officers of the Department to a number of women's organisations in the City on the subject of cancer, with particular reference to the early detection of cervical and of breast cancer.

DOMICILIARY MIDWIFERY SERVICE

Miss W. A. Outram, Non-medical Supervisor of Midwives, reports :

The domiciliary midwives delivered 1,476 babies at home during 1966. This number of births represents 20 per cent of all Bristol citizen births. Of the mothers who were delivered in Maternity Units, 30 per cent came home within two or three days following their confinements to be cared for by our midwives. It can therefore be seen what a vital supporting service, and how closely linked, domiciliary midwifery is to that of the hospital service.

Each midwife has her own area or district in which she gives care to expectant mothers during pregnancy, at the time of confinement and for the following 14 days. She will also be aware of those patients who are having a hospital confinement and returning home for nursing afterwards. The midwife will give advice and help in the making of suitable arrangements for the homecoming of the newborn baby and mother following confinement, and will then give all nursing care. There are similar numbers of mothers and babies to be looked after, who have remained at home for delivery, and those mothers who having been away for confinement have returned, shortly afterwards, to their own homes.

We are fortunate in having equipment for use in the home comparable to that in use in the hospitals. This equipment is presterilised and wrapped and ready for immediate use and all is light in weight. The midwife has all requisite drugs available, safe analgesia apparatus for the mother to use, and should the need arise, resuscitating apparatus to help the baby, when born.

Another aspect of the work of the Midwifery Service is the training of more midwives and considerable emphasis is given to the teaching of pupil midwives. The pupils come from the Bristol Maternity Hospital and also from First Period Midwifery Teaching Hospitals throughout the Country. The latter group of pupils spend the entire six months of Second Period Midwifery Training in domiciliary work. There is no shortage of applicants who wish to undergo this training with us, and in the State Examinations 100 per cent were successful. Two of the pupil midwives who completed their training early in 1966 have now returned to us and are working as members of trained staff. Our main source of recruitment of midwives is from pupil midwives who have trained with us.

Student nurses who are taking General Nursing Training in the hospitals continue to come and spend a day observing the care given to mothers and babies outside of hospital precincts.

Visitors, nursing and medical personnel, including those from other Countries, are always interested in the full and complete service which is provided for maternity care and comment on the good liaison which is evident, both with the general practitioners and with the hospitals.

SUB-FERTILITY CLINIC

Dr. Norma Boxall reports on the work of the female clinic :

New cases	...	...	267	(247 in 1965)
Attendance of old patients	...	...	1,236	(1,206 in 1965)
Cases of marital difficulty	...	...	26	(33 in 1965)
Pregnancies reported	...	...	93	(76 in 1965)

Once again the work of the Clinic has increased, and it is encouraging to note that the percentage of pregnancies reported has also increased. Again this year there have been no cases of tuberculosis discovered : as the five year follow-up period for old cases ends, many of the original patients have now been discharged as cured. At Dr. Craig's suggestion, Heaf Tests have been performed for women under 30, and where the test has excluded tuberculosis, a chest x-ray and Guinea-Pig inoculation have been omitted, thus reducing both the work and cost involved.

Of the cases of marital difficulty referred to the Clinic, each one has been helped to overcome the difficulty and two women have become pregnant : the work of Mrs. Adams in teaching them relaxation has been appreciated and Dr. Foss has also helped with some of the husbands of these women; he has also taken over the treatment of men found to be subfertile by us.

During the year, research and investigation of precipitating antibodies against human sperm in cervical mucus and in serum has been started by Mr. Slater, the staff of this clinic collaborating in the work. We have also contributed patients and specimens for Mr. Fisher's work on endocrine abnormalities associated with early miscarriages. A Clinic has also been started for the treatment of suitable women with the new drug clomiphene: it is too soon to assess results.

During the year we have lost the help of Mr. A. M. Fisher on his promotion, but are happy to welcome Mr. J. M. Slater in his place as our Consultant Gynaecologist : otherwise the personnel of the Clinic has remained unchanged.

Male Clinic

Dr. George Foss reports : In this last year 109 newly referred patients have been seen; 76 of these were sent by their general practitioners, 18 were referred from Dr. Boxall, who had first seen their wives, seven were referred by Consultants, and eight came direct. The total attendances in 46 sessions at the clinic were 460, made up of 109 new cases and 59 patients currently under treatment.

The 109 new patients are classified as follows :—

oligozoospermia and/or poor motility	...	55
impotence or marital disharmony	...	24
azoospermia	...	19
normally fertile	...	7
diagnosis not yet complete	...	4

In addition to routine seminal analyses carried out by Dr. Pollard at Frenchay Hospital, 24-hour urine collections were assayed for 17-oxosteroids and 17-hydroxycorticosteroids, and 25 cc. blood samples were assayed for plasma testosterone in the Department of Biochemistry at the Bristol Royal Infirmary. 41 testicular biopsies were done by me at the Bristol General Hospital under general anaesthesia.

Impotence Thirteen patients were treated with very large doses of testosterone oenanthate for varying periods, and of these 11 had complete restoration of normal function, one showed slight improvement and the other a poor result, but nevertheless he was able to make his wife pregnant.

Hyperthermia A preliminary group of six patients with oligozoospermia and poor motility was treated by heat applied to the scrotum in a thermostatically controlled water bath at 45°C for half an hour on alternate days for a fortnight. Only three were made azoospermic from 4—8 weeks after starting treatment, and two of these showed a promising rebound 10—16 weeks after starting treatment, with improvement in motility or sperm density.

It was only possible to persuade one patient with moderate oligozoospermia to wear moulded polystyrene scrotal insulating bags for 20 weeks continuously. The result, however, was impressive, showing a gradual diminution of sperm counts to complete azoospermia 18 weeks after starting. After stopping insulation, recovery started, and five weeks later he has achieved his best motility yet, and the counts are beginning to increase.

For the application of heat to the scrotum in a water bath, the temperature is probably critical, and based on published animal experiments 46°C is probably necessary.

Modification of the device for scrotal insulation is being investigated to make it more comfortable and more acceptable to patients.

The surgical treatment of varicocele, or the surgical exploration of cases suspected of having aplasia of the vasa is held up by the length of hospital waiting lists. It is quicker to refer cases to Mr. Hanley in London, rather than to local genito-urinary surgeons, probably because he has a particular interest in these cases. Results, however, are disappointing.

Clomiphene Twenty-nine cases of oligozoospermia, varying from moderate to severe, with low motility, have been given courses of this drug at various dosage levels for different periods, both continuously and cyclically. There is no doubt that in some cases there is an improvement in motility particularly—an effect which occurs during actual administration of the drug by mouth. So far only two patients so treated have become fathers.

It is hoped to carry out a double blind trial later.

It is also hoped to investigate the value of Pergonal in males. This gonadotrophin is prepared from the urine of postmenopausal women, and is vastly expensive, but fortunately I hope to receive research material from G. D. Searle laboratories.

Pregnancies Six patients from the preceding two years who have had treatment for gross oligozoospermia and low motility (two with Clomiphene, three with cool baths, and one who was also impotent) have achieved fertility.

Two more cases of border-line subfertility have also been successful. Five of the current year's patients have also become fathers.

CHILD HEALTH AND WELFARE SERVICE

Advice on the health and welfare of young children is provided through home visits by health visitors and in the Child Welfare Clinics. In the clinics special medical examinations, when the development of the child can be assessed, are offered to all young children at or near each birthday. Particular emphasis is laid on a medical checkup at two years of age of children born prematurely and those who have been on the Special Care Hospital Units during the neonatal period.

The pre-school handicapped child

Dr. M. D. Gibson, Deputy Senior Medical Officer, Maternal and Child Welfare Service, reports:

The improved form of registration of young children with congenital and acquired abnormalities initiated during 1966 continues slowly to improve and develop the Local Authority's ability to give better and earlier care in the home to these children and supportive help to their families.

The three main ways in which this work has developed so far are:—

1. More frequent visits by the health visitor to severely handicapped children;
2. This more effective contact with the families of these children has resulted in earlier offers of such help as residential care for the child during the illness of the mother or to allow families to have short holidays. This holiday care is provided by the Mental Health Services at the Bush Training Centre Hostel or by the South Western Regional Hospital Board where appropriate;
3. Handicapped children have high priority on waiting lists of Day Nurseries, Nursery Schools and classes and Voluntary Playgroups. Any handicap tends to lead to lack of normal contact with other children and a nursery régime is in many cases the ideal way to teach these children to come to terms with their disability and to achieve an often surprising measure of independence.

The interest which some of the teaching profession take in the "habilitation" of these children is illustrated by the busy headmaster of an infant school, who, accompanied by the teacher of his reception class, spent a morning of observation and instruction at the nursery attended by one little 'thalidomide damaged' child without arms, before it started at his school.

In the 12 months from 1st January to 31st December 1966, the number of children with congenital abnormalities born to Bristol City mothers and the incidence of various types of abnormalities were essentially the same as the numbers for the preceding 12 month period shown in the 1965 Annual Report.

In two conditions only the figures show considerable change; in 1965, eight children—four boys and four girls—were born with reduction deformities of their limbs; in 1966 only two children—both girls—were born with this type of deformity.

In 1965 the final figure for children with spina bifida born to Bristol mothers was 22; only 12, six boys and six girls, were known to us when the published figures for 1965 were compiled on 28.2.66. By 28.2.67, 32 children with spina bifida were already entered on the register as born to Bristol mothers in the 12 months of 1966.

Hearing Assessment Clinic

Dr. J. Kaye and Dr. Helen Gibb report:

During 1966 the work of the Hearing Assessment Clinic has continued as in the previous year. The move to Clifton Hill with the Speech Team has proved to be very successful, as in spite of the situation of the Clinic, which involves longer journeys for many patients, the attendances have increased. Because of this, the routine number of diagnostic sessions held by the medical officers has also been increased from eight to 10 a week.

Dr. Enid M. Tulloch has been seconded to our team, to work for one session a week, and Mrs. Joan B. Spencer, S.R.N., who works on a sessional basis, assists us for three sessions. With this help it is possible for two separate teams to work in the clinic at the same time.

As in previous years, one Consultant session a week is held with Mr. R. K. Roddie, when the whole team meet and problems of educational placement and treatment are discussed and decided.

In recent months, two disturbing problems have emerged. Both concern the education of children diagnosed as partially deaf. The first group are children who have developed a conductive hearing loss during the pre-school years, and who urgently require ear, nose and throat surgery to relieve their deafness. These children are on the hospital waiting list for anything up to two years, and often commence school with markedly impaired hearing. The adverse effect of this on their education and social adjustment should not be minimised as it produces long-term retardation in verbal subjects, especially reading. The peripatetic help from the teachers of the deaf is now inadequate to cope with this problem, because of the staff shortage in this field.

The second group are those children with perceptive hearing losses, which are of a permanent nature, and whose treatment consists in giving early and adequate educational help. These children, whom we place in partially hearing units, are very severely handicapped by deafness, and although of good intelligence often have additional disabilities, such as perceptual difficulties and mild degrees of cerebral damage. They require very skilled teaching by trained teachers of the deaf throughout their school life. The shortage of trained teachers of the deaf in Bristol is now so acute that it is not possible to provide this help while the present shortage of skilled staff continues.

Assessment of Children under five with Speech Difficulty

During 1966 the number of children under five seen with delay in speech development has again increased. Many are referred by the hearing assessment team when children with poor language are found to have normal hearing; some come from the speech therapists at the peripheral clinics and now some children are being referred directly by general practitioners.

The 10 places at the Delayed Speech Unit at St. James and St. Agnes Nursery School have been fully occupied. Of eight children who have left, three have gone to their local nursery schools, two to primary schools, two to special schools, and one has returned home to the West Indies, talking normally. In September, the Unit had a new teacher, Mrs. Grace, from California, U.S.A., and her fresh outlook has been most stimulating.

It is not possible, or desirable, to admit all children with delayed language to the Unit, and many are recommended for normal nursery school placement and seen either at school or at the Hearing and Speech Centre until they are talking normally.

Day Nurseries

The demand for day nursery places for high priority cases continues, and while the temporary extension to Ashley Road Day Nursery has helped, the needs of the Central area will not be met until the new nursery is built.

The occupation of the seven day nurseries at 31.12.66 was as follows:—

<i>Accommodation</i>	<i>No. Children on Register</i>	<i>No. Children on Waiting List</i>
310	343	112 (including 50 at Ashley Road)

WELFARE OF UNMARRIED MOTHERS AND THEIR BABIES

In 1966 9·8 per cent of all live births to Bristol mothers were illegitimate—the same as the rate recorded for 1965. During the year 790 unmarried expectant mothers sought advice from the Department; of these 19 were under the age of 16 years.

The following details relate to arrangements made for the care of the babies born to 498 mothers during 1966.

1.	Adoption—completed or pending	...	72	14·4%
2.	Baby placed in care of Children's Dept. or a voluntary organisation	... ..	13	2·6%
3.	Kept by mother			
	(a) with support of family	... ..	158	} 83%
	(b) living alone apart from family	... ..	64	
	(c) living with putative father	... ..	105	
	(d) married	... ..	86	

There were fewer admissions to the City Mother and Baby Home—69 new admissions compared with 94 in 1965.

Fifteen girls were admitted to St. Raphael's Roman Catholic Home—the same number as in 1965.

SPECIAL FAMILIES

Dr. C. D. Hopkins, First Assistant, Maternal and Child Welfare Service, reports:

By the end of the year the Special Register contained the names of 993 families, an increase of over 200 families since 1963. Even though the social supervision of the most incompetent families has been accepted by the Children's Department, new cases are continually surfacing, many with health factors, so that the work of the Special Team has in no way diminished since 1963. Cases of suggestion of ill-treatment and neglect are causing great concern.

The earlier preventive work has been developed in all areas of the City. This is largely due to the efforts of the four welfare assistants, each one working under the direction of a special health visitor. Following an accident in the autumn, Sister Hughes had extensive sick leave, and Sister Tarbuck, who took over most of her cases, also supervised the welfare assistant normally attached to Sister Hughes. There was therefore a unit consisting of one health visitor with two welfare assistants covering a very wide area of the City, which included the very densely populated

area in the centre. As she was able to secure a room at the Southmead Clinic for her mothers to meet every week, Sister Tarbuck also established a sewing group. Not only has this provided an interest outside of the home, it has also brought a great sense of achievement to the mothers. The health visitors in the other areas would like to attempt something similar. This particular unit, consisting of one special health visitor and two welfare assistants, has penetrated and influenced very greatly the social life of the families. In addition, the health visitor herself has been able to make full use of her own special skill.

The selective employment tax has made its impact on our families. Many of the mothers have lost their part-time work and some of the fathers with a poor work record have become truly unemployed, and the families are living on very small incomes.

The Area Case Committee have been so loaded with housing matters that a re-organisation is being considered. It is hoped that workers will get back to their original briefing of child welfare in the broadest sense.

The intra-uterine contraceptive device is proving popular, and family planning is becoming a reality. One hopes in the future to have smaller sized families with proper spacing between the births of the children, and one foresees a future annual report stating "There has been a decrease in the number of families included on the special register".

MATERNAL AND CHILD HEALTH STATISTICS 1966

Live births (from Birth Registrations)	...	...	...	...	...	...	7,301
Live birth rate per 1,000 population	...	...	...	...	...	...	17.0
Illegitimate live births (per cent of total live births)	...	...	...	...	...	...	9.8
Stillbirths	...	...	...	...	...	...	109
Stillbirth rate per 1,000 total (live and still) births	...	...	...	...	...	...	14.7
Total births (live and still)	...	...	...	...	...	...	7,410
Infant deaths	...	...	...	...	...	...	126
Infant mortality rate per 1,000 total live births	...	...	...	...	...	...	17.3
Legitimate infant mortality rate per 1,000 legitimate live births	...	...	...	...	...	...	17.2
Illegitimate infant mortality rate per 1,000 illegitimate live births	...	...	...	...	...	...	18.2
Neonatal mortality rate (deaths under four weeks per 1,000 live births)	...	...	...	...	...	...	11.8
Early neonatal mortality rate (deaths under one week per 1,000 total live births)	...	...	...	...	...	...	10.7
Perinatal mortality rate (stillbirths and deaths under one week combined, per 1,000 total live and still births)	...	...	...	...	...	...	25.2
Maternal deaths	...	...	...	...	...	...	4
Maternal mortality rate per 1,000 total live and stillbirths	...	...	...	...	...	...	0.54
Number of live premature births	...	...	...	...	...	...	477
Number of live and stillbirths at home (from birth notifications)	...	...	...	...	...	...	1,472
Number of live and stillbirths in institutions (from birth notifications)	...	...	...	...	...	...	5,752

(The above figures relate to Bristol residents)

Clinic attendances

		<i>New Patients</i>	<i>Total Attendances</i>
(a) <i>Antenatal</i>			
(i) medical officers' sessions	...	477	3,191
(ii) G.P. sessions	...	4,567	34,477
(iii) consultant sessions	...	2,635	7,747
(iv) midwives' sessions	...	467	3,904
(b) <i>Postnatal</i> (including birth control)			
Medical officers' and G.P. sessions	...	4,066	6,061
(c) <i>Child Welfare Clinics</i>			
(i) total number of infants under one year	...		9,573
total attendances of infants under one year	...		55,873
(ii) total number of children aged 1—5 years	...		10,409
total attendances of children aged 1—5 years	...		35,350

(d) <i>Parentcraft Classes</i>	
number of expectant mothers who attended classes	1,832
total number of attendances	8,279
(e) <i>Special Diagnostic Clinic</i>	
(i) new patients	561
(ii) attendances	897

Health Visiting

Home visits	
(i) primary (to new babies)	7,990
(ii) infants under one year (excluding (i) above) ...	24,312
(iii) children 1—5 years	76,672
Sessions at clinics	6,010
Time spent at nursery schools and classes	1,175 hours

Recuperative Convalescence

Section 22 N.H.S. Act—Mothers and Young Children :		
mothers accompanied by children	3 mothers	6 children
unaccompanied children	nil	
unaccompanied mother	1	

Hearing and Speech Centre

The following figures relate to children under the age of 5 years :—

Number of new cases seen	315
Number of old cases seen	69
Number of attendances at assessment by M.O's.	442
Number of attendances for the psychologist	87
Number of attendances for consultant otologist	133

Analysis of New Cases

Number in risk group	125
Number profoundly deaf	3
Number with partial perceptive deafness	9
Number with partial conductive deafness	46
Number with no hearing loss but defective speech	115
Number with no significant hearing loss	121
Number with no significant hearing loss but other handicaps ...	29

DENTAL CARE OF MOTHERS AND PRE-SCHOOL CHILDREN

J. McCaig, Chief Dental Officer reports:—

The dental inspection and treatment of pre-school children and expectant and nursing mothers continues to be an important part of the work of the School Dental Service. There has been an increase this year in the number of patients treated, but not nearly enough pre-school children are inspected and treated by the Service. It is extremely difficult to attract the attention of mothers to the needs for early inspection of their children's teeth from the age of three until they go to school. Children from three years of age on should be seen every four months before entering school at the age of five, so that incipient dental caries can be detected. Treatment of dental decay at this stage is easily carried out with little trauma to the child. These visits can also be combined with advice to parents on diet and oral hygiene, thus reducing the chances of extensive dental decay.

The dental problems of all of us are maturing and developing during the first five years of our lives and yet very often the first visit of a child to the dentist only takes place after the first school dental inspection at the age of five, or because of extreme pain if before this age. Treatment then is almost inevitably for an extraction and this type of first visit may influence the patient for the rest of his life. The traumatic effect of an extraction or even a large filling can be harmful and it is to avoid this occurring that we send out 'Greetings' cards to all three-year-old children in Bristol, hoping that their mothers will act on the advice of the card, which suggests a visit to the dentist, for a dental inspection for their three-year-old children.

Preventive dentistry has been left to the propagandists and increasingly, it seems, the responsibility for the disease is being placed upon the patient and in the case of young children upon the parent, making dental disease to be considered something of a parental stigma. Mothers are not actively concerned enough about dental disease in their children and thus progress in preventive dentistry is inhibited. Mothers know the rules of dental health but this knowledge is not often used where it is most needed.

Research has revealed that under certain circumstances "syrups" given to children can cause dental decay in young teeth. Parents often use these "syrups" as comforters for their children and it is the lengthy exposure to undiluted "syrup" and particularly to the sugar content which causes the trouble. Some parents fill a feeder with undiluted "syrup" and place the feeder in the child's mouth where it remains for the best part of the morning or afternoon.

Few mothers protested in Bristol when the Council voted against the fluoridation of the public water supply, i.e. the adjustment of the fluoride content of the drinking water to a level of one part per million of fluoride. If mothers had been able to assess all the facts with calm detachment they might have pressed for this to be carried out. Fluoridation is the one great preventive measure proven over more than 20 years which reduces decay in young children's teeth by about 50 per cent or 60 per cent.

The table at the end of the report shows the work done by the School Dental Service for the Maternal and Child Welfare Section.

**DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS
AND CHILDREN UNDER 5 YEARS**

Part A—Attendances and Treatment

Number of visits for treatment during year	<i>Children 0—4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
First visit	898	481
Subsequent visits	1,021	987
Total visits	1,919	1,468
Number of additional courses of treatment other than the first course commenced during year	45	10
Treatment provided during the year—		
Number of fillings	1,313	820
Teeth filled	1,189	765
Teeth extracted	1,120	560
General anaesthetics given	467	59
Emergency visits by patients	56	19
Patients x-rayed	2	44

Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	150	250
Teeth otherwise conserved	—	—
Teeth root filled	—	3
Inlays	—	1
Crowns	—	2
Number of courses of treatment completed during the year	426	208

Part B—Prosthetics

Patients supplied with F.U. or F.L. (first time) ...	13
Patients supplied with other dentures	36
Number of dentures supplied	66

Part C—Anaesthetics

General anaesthetics administered by dental officers	1
------------------------------------------------------	---

Part D—Inspections

Number of patients given first inspections during year	1,513	498
Number of patients in A and D above who required treatment	952	466
Number of patients in B and E above who were offered treatment	931	452

Part E—Sessions

*Number of Dental Officer Sessions
(i.e. Equivalent Complete Half Days)
Devoted to Maternity and
Child Welfare Patients*

For treatment	563
For health education	230

NURSING SERVICES REPORT

Margaretta Marks Jones
(Chief Nursing Officer)

On the 31st December 1966, the Department had in its employment :—

- 4 Divisional Nursing Officers
- 2 Sister-in-charge, Health Centres
- 2 Deputy Sister-in-charge, Health Centres
- 16 Centre Superintendents
- 4 Health Visitors for Aged and Chronic Sick
- 4 Health Visitors for Special Families
- 7 Fieldwork Instructors
- 41 Full Time District Health Visitors
- 8 Part Time District Health Visitors
- 62 Full Time Queen's District Sisters
- 4 Male Queen's District Nurses
- 10 Part Time District Nurses
- 4 State Enrolled Nurses
- 7 Tuberculosis Visitors
- 8 Full Time Clinic Nurses
- 48 Sessional Clinic Nurses
- 13 Part Time School Staff Nurses
- 8 Welfare Assistants
- 26 Full Time Clinic Helpers
- 6 Part Time Clinic Helpers
- 25 Clinic Assistants
- 4 Part Time Senior Physiotherapists

DIVISIONAL NURSING OFFICERS

The Divisional Nursing Officers have been at their posts now for nearly three years, and are carrying out their duties in the manner in which it was envisaged. Each provides the group adviser element, to both health visitors and district nurses in the division, and each aims at bringing about closer integration, not only of the nursing services and of the family doctors, but of other local authority services in the area. Much time is spent with the training of student district nurses, in guiding newly qualified and newly appointed members of nursing staff, and in giving help and support to members of staff on matters relating to health education.

Divisional meetings are held at regular intervals, when guest speakers address the staff on topical subjects. This gives an opportunity to discuss various aspects of the work and provides in-service education.

HEALTH VISITING SERVICE

The Health Visiting Service continues to cover a wide range of duties, including general health visiting, school nursing, services for the aged, health education, participation with research projects, and with the practical training of students of various kinds.

The main emphasis of the Health Visitor's work lies in home visiting, for as a visitor to the home, her role is threefold. She is an educator, detector of physical, emotional and social problems, and gives support to families in need. Although the major part of home visiting is done on a selective basis, periodic visiting of families is necessary for every phase of a child's development brings a fresh challenge. It is left to the discretion of the individual Health Visitor how often she visits; the important factor is that the Health Visitor should become well known to the family, so that when help is needed, the Health Visitor is contacted. Mothers vary in the amount of help they need, and it is essential that the Health Visitor makes regular visits, especially during the early weeks of baby's life. Those mothers who attend child welfare clinics with their babies, do not require the same amount of home visiting as those who do not, but it is important to see the mother occasionally in her own familiar surroundings, as it may only be there that she will discuss problems that may be worrying her.

A Health Visitor's case load still varies between 300 and 700 families. Some have manageable areas, or have been working in one area for a long time and are thus more able to do health visiting as it should be done. Those Health Visitors who are covering areas where there are a number of socially handicapped families are not able to give as much help as they would like to give. It is hoped that in the future more ancillary help will be given to the Health Visitors in these areas, thus enabling them to use their skills more adequately.

Welfare Assistants are already working with the Specialist Health Visitors, and it is envisaged in the New Year that some will be working with those Health Visitors in the areas where there is a high number of families with problems.

Among the most important aspects of the Health Visitor's work, are the phenylketonuria test of urine, the test for congenital dislocation of hip, and the screening test for hearing. These are all done during the first year of life.

Further demands on the service are increased by the visiting of notified immigrants. Health Visitors are called upon to use their skills and expertise in helping immigrant families to integrate. The Health Visitors in the central areas spend a great deal of time tracing West Indian families, who frequently change their addresses and owing to the language difficulties with Asian families, they have to re-visit when husbands are home, or when children have returned from school who can then act as interpreters.

Recruitment

The main source of recruitment is still from our own training school, although for the course 1965/66 only eight students were sponsored by the Health Department. Seven were successful in passing the examination. This was the first examination of the new syllabus as laid down by the Council for the Training of Health Visiting. In October 1966 twelve Bristol students commenced training. This will be the first group to undertake the extended three months practical period following the academic course in July 1967. Seven Health Visitors, who had completed their term of contract in September 1966, joined the permanent staff, seven came from other local authorities and two part-time returned after marriage. Twelve left the authority for the following reasons :—

Retirement 2, Marriage 6, Overseas Work 1
Return to Midwifery 1, Domestic Reasons 2

Four more Health Visitors were appointed as Fieldwork Instructors, which makes a total of eight. They are responsible for the practical instruction of student health visitors, three students being placed with one fieldwork instructor for the duration of the course.

Refresher Courses and In-Service Training

Twelve newly qualified and newly appointed Health Visitors attended a course in September, in hearing screening tests. The course of training was taken by Dr. H. Gibb and Dr. Kaye, and much help was given by Centre Superintendents and Health Visitors in making arrangements for groups of children in different age groups to attend for the purpose of testing.

One Health Visitor attended a two-week course for Fieldwork Instructors arranged by the Royal College of Nursing.

Twenty-five members of nursing staff attended a one-day conference on Health Education at the Bush Training Centre which they found interesting and stimulating.

Special Surveys

During 1966, the Health Visitors participated in the following surveys :—

Investigation of Measles Vaccines	Medical Research Council
Rubella	} Department of Public Health, Bristol Bristol Royal Hospital for Sick Children
Infective Hepatitis	
Study of Iron Deficiency	
Anaemia in Infancy	

Liaison with Hospitals

Determined efforts are made to establish good co-operation between the domiciliary nursing staff and the hospital staff. Health Visitors who confer with hospital staff establish a relationship with the patient in hospital and with the relatives at home. The Specialist Health Visitors are well known to the hospital staff and are grateful for their co-operation.

A district Health Visitor continues to spend one morning each week visiting the Children's Hospital. This proves valuable to all concerned. Another Health Visitor continues to help with the after care and rehabilitation of the patients at the Industrial Therapy Organisation.

SPECIALISATION

Care of Aged and Chronically Sick

The Specialist Health Visitors, assisted by their Welfare Assistants, continue to provide the maximum amount of help and every effort is made to maintain the morale of the elderly people. Every person referred is visited by the Health Visitor as soon as possible. Considerable liaison with other services and voluntary organisations is necessary.

Night Watcher Service

The night watcher service is a worthwhile service which can be a great help to, and is much appreciated by, relatives who are under considerable mental and physical strain in caring for patients who have been nursed at home over a long period of time. During the year 1,511 nights were covered as compared with 1,477 nights in 1965.

Premature Babies

The number of babies in the care of the Health Visitors in 1966 was slightly higher than in the previous year. During the year, 683 babies were visited, of which 444 were from the Bristol area.

Chest Department

Domiciliary Visits and Sessions by T.B. Visitors

		<i>B.C.G. Visits</i>	<i>Primary Visits</i>	<i>Other Visits</i>	<i>Total Visits</i>	<i>Clinic Sessions</i>
1965	...	636	165	4,132	5,809	1,438
1966	...	626	152	3,733	5,384	1,602

There are seven tuberculosis visitors working in the Department, and all spend part of their time in the out-patient clinics at Central Health Clinic and Southmead Hospital.

It is here that the T.B. visitor meets the patient at the time when the diagnosis of tuberculosis is made, or she receives detailed information about the patient, his prognosis and probable treatment from the Chest Physician. It is at this point that the most important aspect of the T.B. visitor's work begins. As well as supporting the family, she arranges for the examination of contact from within the family or household and those who have had regular contact with the patient socially or at work.

It is now usual to admit patients to hospital almost immediately after diagnosis so that when the contact tracing has been completed, the T.B. visitor will normally not be required to visit the home again until the patient is discharged from hospital when both patient and family usually need support and guidance.

The number of visits to homes in connection with tuberculosis cases has been fewer than in the previous year. At the end of the year it was calculated that less than half the patients on the tuberculosis register required home visiting.

A similar decline has been taking place in the case load of the special visitors and in December the case load of all the T.B. visitors totalled 1,265.

VISITORS TO THE DEPARTMENT

Students from the Nurse Training School continue to spend a day in the domiciliary field. A total of 308 accompanied Health Visitors and District Nurses during the year. In addition, the following professional students were helped : 7 Diploma in Public Health Students, 107 Medical Students, 14 Social Study Students, 24 District Nurse Students and 8 Senior Post Graduate Courses. This shows a total of 468 as compared to 400 in 1965.

ANCILLARY NURSING SERVICES

No difficulty is encountered in recruiting full-time or part-time State Registered Nurses. These members of staff are invaluable in all aspects of clinic work that they undertake.

An adequate establishment of clinic helpers and clinic assistants was maintained during the year. Of twenty-four clinic assistants who reached the age of 18 years during the year, 13 commenced general nurse training, 1 commenced pre-nursing course, 2 transferred to clerical section, 3 appointed as dental surgery assistants, 1 commenced radiography training and 4 commenced other work.

Physiotherapists

On the 31st December there was no full time physiotherapist in the staff. Miss B. Robertson and Miss C. Robertson retired in December after having been on the staff for 38 and 35 years respectively. During these years both gave loyal and devoted service. Recruitment of full time staff is difficult and the part-time physiotherapists who are employed are invaluable in the geriatric clinics and relaxation classes. There seemed to be better prospects at the end of the year to recruit new members to full time appointments.

HOME NURSING SECTION

Students trained during the year were as follows :—

	<i>January Course</i>	<i>September Course</i>	
Staff ...	5	6	
Counties ...	7	11	Total ... 29

Satisfactory recruitment continues, and this, combined with the policy of enabling District Nurses to purchase cars, has meant more adequate replacement of staff retiring and resigning.

Arrangements continue to be made throughout the year for observation visits for students, also visitors from overseas.

Talks have been given to various organisations in the City, and members of the staff have assisted in giving talks on Home Nursing as part of the Civil Defence Course.

More disposable nursing equipment has been introduced, i.e. catheters, gloves, syringes. The type of equipment now in use has enabled us to replace two heavy nursing bags, formerly used by each nurse, by one in lightweight plastic. Staff are very appreciative of this.

A limited experiment was initiated involving the attachment of a District Nurse to a small group practice. (See appendix to this report).

NEW RECORDS SYSTEM

A revised system of record keeping was introduced during the year whereby basic information on all cases under treatment is stored on a magnetic tape and a routine analysis is made of cases discharged during the year.

As the nurses work from their homes, contact with them is predominantly by telephone and in consequence the change of system presented many problems. Experience of the first year has demonstrated that the scheme is basically sound. With some simplification of the recording procedures it will provide information so essential when considering variations in allocation of cases or possible attachment of staff to general practitioners.

Statistics produced on discharged cases are not comparable with previous years as, until 1966, all cases on the books at the end of the year were included in 'cases dealt with' and would also be included in the following year's figures. Similarly the visits recorded for each type of case were only the visits made in the calendar year.

Table 1 shows the type of cases discharged during the year and the number of visits paid to these patients during the entire period they were under the care of the nurse.

From Table 2, it will be seen that one third of the patients had been on the books for a week or less and among this number are included over 400 patients in the 'Ill defined' category who were given certain preparatory treatment before attending a diagnostic out-patient department of a hospital. Long-term cases under treatment for a year or more totalled 6.7%. Among the highest proportions of long-term cases were diabetics (17%) anaemia cases (14%) vascular diseases etc. (13%) heart and arteries (12%) bones and joints (17%) and senility (14%).

Almost two thirds of all patients discharged were over the age of 65 years. (Table 3).

Proportionate to the numbers at risk, there is a greater call for the district nursing service from females. At all ages the excess is of the order of 30%, but is highest among the 5-44 age group.

VISITS BY NURSES

The visits paid to patients during the year totalled 231,130, an increase of 3.2% on the 223,089 visits made in 1965. These visits were carried out by the equivalent of 80 full-time nurses.

TABLE 1

CASES DISCHARGED YEAR ENDED 31.12.66

Disease	Total Cases	Visits	Average Visits per Case	Discharge details			
				Disch'd	Hospt.	Died	Other
Tuberculosis (all forms) ...	68	3,409	50	46	7	4	11
Other infectious diseases ...	69	1,105	16	61	1	4	3
Carcinoma of lung & bronchus	66	2,053	31	5	17	44	0
„ Breast & G/U Syst.	69	2,462	36	12	27	29	1
„ Other sites ...	288	7,395	26	63	55	159	11
Diabetes ...	135	31,733	235	64	39	12	20
Allergic, Endocrine etc. ...	31	1,632	52	17	9	3	2
Blood, inc. anaemia ...	229	9,861	43	128	53	19	29
Mental disorders etc. ...	11	124	11	3	5	3	0
Vascular disease of C.N.S. ...	386	21,857	57	80	133	161	12
Other diseases—Nervous system	106	10,867	103	30	43	24	9
Eye and ear ...	32	849	27	24	4	1	3
Heart & arteries ...	433	22,124	51	118	159	134	22
Veins ...	66	3,480	53	43	17	3	3
Bronchitis ...	214	3,584	17	139	36	35	4
Other respiratory ...	280	4,079	15	166	52	53	9
Digestive system ...	516	5,122	10	381	86	35	14
Urinary System & male genital	61	2,026	33	44	8	8	1
Breast & female genitals ...	93	2,252	24	66	16	4	7
Pregnancy & complications ...	173	1,803	10	148	15	1	9
Skin, tissue etc. ...	207	9,594	46	129	51	16	11
Bones and joints ...	166	11,633	70	77	50	21	18
Cong. Malf/Dis. early infancy	5	162	32	2	1	2	0
Senility ...	281	10,118	36	35	124	103	19
Injuries & reactions ...	211	5,476	26	157	33	10	11
Ill defined/Not stated ...	506	3,436	7	178	296	17	15
Total ...	4,702	178,236	38	2,216	1,337	905	244

TABLE 2

CASES DISCHARGED YEAR ENDED 31.12.66

<i>Length of time on books</i>	<i>Percentage of Patients</i>
1 week or less	34·4
1-4 weeks	30·4
1-3 months	18·5
3-6 months	6·3
6-9 months	2·5
9-12 months	1·3
1-3 years	4·0
3+ years	2·7

TABLE 3

AGE GROUPS OF DISCHARGED PATIENTS

<i>Age (Years)</i>		<i>Males</i>		<i>Females</i>		<i>Total</i>	
		<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Under 5 ...	...	28	1·7	22	0·7	50	1·1
5-44 ...	...	238	14·3	505	16·6	743	15·8
45-64 ...	...	419	25·3	546	17·9	965	20·5
65 & over	...	974	58·7	1,970	64·7	2,944	62·6
		1,659	100·0	3,043	100·0	4,702	100·0

APPENDIX

DISTRICT NURSE/G.P. ATTACHMENT

An experimental attachment of a District Nurse to a city practice was commenced in the middle of the year and a study covering the second half of the year has been published*.

The following are a number of points contained in the report :

1. The nurse attended the surgery each morning when on duty to discuss patients and receive details of new cases.
2. On two afternoons each week the nurse held a surgery session when most of the work concerned injections, including immunisations.
3. The number of patients from the practice who were treated in their homes showed a marked increase, which reflected a previously unmet need.
4. The hours worked by the nurse increased as also did her visits per hour.
5. The visits per day by the nurse rose by 50% in spite of her covering almost twice the mileage of the average nurse.
6. Better communications between the doctors, nurse and patients undoubtedly helped to increase the volume of work undertaken by the nurse, as well as giving her much greater satisfaction in her work. The doctors were equally enthusiastic on the operation of the scheme.
7. Because of the short-term nature of nursing cases, it is almost impossible to maintain an even volume of work from a given geographical area covered by a single nurse.

8. The additional cost of travelling was more than off-set by the increase in the number of visits.
 9. Further attachment of nurses to larger group practices and health centres should be considered.
- * "A District Nurse/G.P. Attachment — An Evaluation Study "
- FLETCHER, W. B. (1967) ' The Medical Officer ', 117, 169.

HOME HELP SERVICE

M. R. Epplestone, S.R.N., S.C.M., H.V.

(Home Help Superintendent)

1966 has been a very busy and stimulating year. Complete re-organisation has been achieved and the establishment has been increased.

There has been a reduction in the working hours of full-time Home Helps from 42 to 40, and better leave for Home Helps with five or more years service. Even so, with a slight reduction in service hours to patients compared with the previous year, a greater number of patients have been helped.

THE WORK OF THE SERVICE

2,635 new applications for help were received and visited. There has been an increase in the short term cases of acute sickness. The number of chronic sick **under** 65 has almost doubled and there has been an increase in the elderly infirm, and chronic sick. The total number of patients receiving help on 31st December 1966 was 3,241. The total number of cases helped over the year was 4,887 an increase of 163 over 1965.

VISITS PAID BY DEPUTY AND DIVISIONAL ORGANISERS

							1966	1965
Primary Visits	...	...	...	...	...	...	2,392	2,456
Subsequent Visits	...	...	...	...	...	...	3,907	1,839
Cases not proceeded with (not included in Primary)	...	...	...	...	...	...	243	113
Blank Visits	...	...	...	...	...	...	731	432
							<hr/> 7,273	<hr/> 4,727

Due to re-organisation and additional staff, more and frequent visiting has been done, resulting in a shorter waiting time before help can be commenced. Even so there is still a waiting list.

The number of abortive visits is high, due quite often to friends and relatives over persuading the elderly who would much rather and are able to continue to do their own work.

RECRUITMENT

Recruitment has been very much easier over the year, and a choice of Home Help has been possible.

The annual wastage of Home Helps has also dropped. The total number of Home Helps on 31st December, 1966 was 18 full-time, and 681 part-time, an increase of seven full-time, and 30 part-time.

STAFF

Present establishment

1 Organiser	4 General Assistants
1 Deputy Organiser	4 Clerks
4 Divisional Organisers	

The Deputy Organiser commenced duties in June. One new Divisional Organiser was appointed in March and another in June. Both however left after a short time.

The General Assistant from the N.W. Area left in July, to go to New Zealand, and the clerk from the same area filled this post. A new clerical appointment being made.

Two new clerks were appointed, one in May and the other in October. Temporary clerical help was supplied in the mean-time.

The clerk from the N.E. Division left in July and temporary help was given until September, when a transfer was made from the City Treasurer's Department.

ADMINISTRATION

The city is now divided into four parts. North East, North West, Central and Southern. On April 1st, a Divisional Organiser, a General Assistant and Clerk moved from Argyle Road to an office in Speedwell Clinic to serve the North East side of the city.

On September 14th a Divisional Organiser, General Assistant and Clerk moved to an office in Bedminster Clinic to serve the Southern section of Bristol.

As no other office accommodation was available, the North West Divisional Organiser and staff, work from Argyle Road, as does the Central Divisional Organiser.

Very few difficulties were encountered, but many adjustments had to be made regarding patients, and Home Helps. This has taken a long time to do, as it can only be done when the Home Help goes sick or resigns, otherwise the patients would be too disturbed.

There have been visitors to the department from Auckland New Zealand, Australia, and Surrey, also Voluntary Social Workers.

Talks to Women's Organisations have been requested and given.

The pressure on the Central Office has lessened considerably thus affording more time to be given to organisation. It is very much hoped that an In-Service Training Course can be started in the New Year. Also refresher courses for the Home Helps, who have been in the service for five years or more.

HEALTH EDUCATION

P. Mackintosh
(Health Education Officer)

Staffing

Early in the year the Health Committee approved a scheme of re-organisation for the Health Education Section. The former Assistant Health Education Officer was up-graded and re-designated Deputy Health Education Officer; a new post of Assistant Health Education Officer was created, the post being filled by September, and very much needed clerical assistance was given by the appointment of a clerk shorthand-typist.

In addition, because of a general re-organisation of accommodation at the Central Health Clinic, an additional and roomy office was made available so that the Section is now accommodated in a compact unit of three adjoining offices and a lecture room. The one remaining drawback is still lack of storage space, particularly for the larger exhibition material—this has to be stored in a workshop approximately half a mile from the Clinic.

Study Day

As a result of discussions which had taken place with the Medical Officer of Health, Senior Medical Officers and Health Education staff, towards the end of 1965 it was agreed that some form of Study Day on Health Education should be organised during 1966. With the permission of the Health Committee an opportunity was provided on Saturday, 22nd October for all medical staff, Centre Superintendents, senior nursing staff of all kinds, the Chief Public Health Inspector, the Chief Dental Officer and other key members of the Health Department, to have a one-day meeting at the Bush Training Centre. The sessions began at 9.30 a.m. and the proceedings went on until 4.30 p.m. Lunch and tea were provided by courtesy of the Health Committee.

Letters of invitation and copies of the programme were sent out well in advance. An outline of the day's programme is given below :—

PROGRAMME

- | | |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9.30 a.m. | Arrive Bush Training Centre, Main Entrance |
| 9.45 a.m. | Welcome by Dr. R. C. Wofinden, M.D., D.P.H., Medical Officer of Health |
| | VENUE: MAIN HALL |
| | INFORMATION SESSION |
| 9.50 a.m. | Miss S. Mountford, Deputy Health Education Officer |
| (Venue Main Hall) | “ Health Education. Nationally and Locally ” |
| | “ Communication in Health Education ” |
| 10.20 a.m. | Supplemental information from any participants in the Hall |
| 10.30 a.m. | COFFEE—TO BE SERVED IN THE GYMNASIUM (off Entrance Hall) |
| 10.50 a.m. | Assemble in groups in side rooms |
| | Discussion—COMMUNICATION |
| 12.30 p.m. | LUNCH—WILL BE SERVED IN THE WORKSHOPS' DINING ROOM |
| | (The area immediately adjacent to the dining room will be available for after-lunch relaxation if desired. There are also easy-chairs at the back of the hall.) |

- 1.45 p.m. Assemble in Main Hall for reports from morning session
(Five minutes each speaker)
- 2.15 p.m. Assemble in groups in side rooms
Discussion—GROUP THEME
- 3.35 p.m. Assemble in Main Hall for reports from afternoon session
(Five minutes each speaker)
- 4.05 p.m. Summary—Dr. R. C. Wofinden
- 4.15 p.m. TEA—TO BE SERVED IN THE GYMNASIUM

The main theme of the morning session was “Communication” and after Dr. Wofinden had welcomed the participants and Miss Mountford had completed her review, members of staff assembled in pre-arranged discussion groups, under leaders who had been chosen for this role some weeks before the Study Day.

In the afternoon the six separate discussion groups assembled again, this time to discuss specific topics of which they had previously been notified. The topics covered were, “Urban Problems”, “The 1—5 Year Old Child”, “The Middle Years”, “Immigrant Problems”, “Young People” and “Cancer Education”.

A Report of the proceedings was later produced by the Deputy Health Education Officer and circulated not only to those members of staff who attended, but also to the rest of the medical, dental, and nursing staff of the Department. It was generally agreed that the Study Day had been worthwhile and it is hoped that as a result of some of the recommendations improvements in health education services, particularly in in-service staff training will be implemented in 1967.

I should like to take this opportunity of recording the appreciation of all who attended for the tremendous amount of “back-room” work put in by the Deputy and Assistant Health Education Officers, the Group Leaders and Divisional Nursing Officers and the young clerk-typist in the Section, in organising this somewhat unique Study Day.

Health Education Topics

The “monthly topic” programme of health education continued in 1966. One of particular interest was pursued for a period of two months in May and June and Miss Mountford, Deputy Health Education Officer, reports on this together with a “reversal” in the development of a topic :—

“The health education topics which are selected each month for group work and poster and display interpretation in clinics have also been extended to schools where a School Staff Nurse is resident. The subjects continue to have a topical flavour or they deal with recurring health problems.

During May and June, 1966 overweight was selected, for despite enthusiasm for slimming, obesity ranks with anaemia, constipation and dental caries as one of the main health problems commonly seen in this country, particularly in children. Suitable poster material was displayed on small bill-boards in the City with the appeal “Are You Fit or Are You Fat?” which was the umbrella title selected for the topic. The firm of Vitamins Limited supplied many posters free-of-charge for display in schools and clinics and the Cheese Bureau supplied useful leaflets and recipe booklets. A stencilled hand-out headed “Pin this up in your Kitchen as a Reminder” was made available to clinics and gave a clear explanation to the lay person of the foods which predispose to fatness—that is the carbohydrates. All the foregoing material was offered.

to 37 Domestic Science teachers in Bristol schools all of whom received a letter and a Reducing Diet Sheet. The latter is one of the diet sheets available in the Department's free-of-charge Diet Sheet Service made available to doctors in the City for four conditions since September, 1965. Miss Daphne Hubbard of the *Bristol Evening Post* kindly ran articles on the subject one night each week over the five-week period Monday, 2nd May to Friday, 3rd June. A medical practitioner, the Nutritionist, Miss Chapman and the Deputy Health Education Officer co-operated with Miss Hubbard for three of the articles on medical, dietary and nutritional aspects and Miss Hubbard featured two well-timed articles on general weight control and fashion. "Overweight or Overeating!" was Miss Chapman's contribution to the May Monthly Bulletin. The Editor of *The Medical Officer* asked permission to publish this article in full in the September 9th issue and as a result some of the national papers selected points from the article in their news and editorial columns. The Editor of the B.B.C. Television programme *Points West*, who is on the Bulletin circulation list, asked Miss Chapman to appear on the programme to answer questions on diet and food values.

The development of this topic is a good example of co-operation between the Health Department, the Press, in particular the Woman's Page of the *Bristol Evening Post* and other mass media. In this way a wide variety of people receive health information brought to them in their own homes. We hope that it will be possible one day to consolidate this with regular health education information disseminated by the Department through a local radio and/or television station.

The "reversal" in the development of a topic occurred later in the year. Inspired by the B.B.C. Television programme *The Springs of Learning*, a series of programmes screened late at night for six weeks from early October, "The Importance of Play" was selected as the topic for November and December, 1966. The television programme was designed primarily for parents and concerned the development and provision of the right sort of physical and emotional environment for a child up to the age of five years. Our aim was to show the importance of play to a child's development. By example and discussion with parents, staff were asked to show how simple games can be initiated by using waste materials such as cotton reels, cardboard boxes, string, wool, paint boxes, barrels, etc., and by the imaginative use of sand, water, old clothes for dressing up and painting materials. With Christmas near at hand it seemed a good time to point out how much the family budget can suffer if expensive toys are considered a necessity, and the safety aspect of toys and play material was also emphasised. Similar play material and home-made toys were in fact displayed on the B.B.C. Television programmes and in order to keep in line with this the Producer of the programme, Miss Eileen Moloney was contacted, a visit was paid to the studio to see the toys, and Miss Bastin of the Nursery Nurses Training School who supplied many of the toy making instructions to the B.B.C. also supplied similar instructions to us and gave considerable guidance. Members of the Health Education Staff (and members of their own families) made the toys from the instructions in order to make quite sure that the directions were easy to follow and that the raw materials were obtainable. The Lecture Room at Central Health Clinic was utilised for the display originally for one week but this was extended to three weeks due to the interest created. Paintings by children were obtained from a number of nursery and infants' schools and these made a colourful background. Toys were loaned by Abbatt of London, Dawson and Hockey of Bristol and books by Miltons of Fishponds. The Chairman of the Bristol Play Groups Association contributed a wealth of ideas and material; soft toys were loaned by the Mental Health Depart-

ment's Occupational Therapist and even the heads of School Meals Centres were wooed into collecting large tins for conversion into drums. Others, too numerous to mention, gave assistance, advice and supplied raw materials. Well over 400 persons visited the display including staff and mothers from Nurseries, Nursery Schools, Play Groups and parents and children visiting the Clinic for treatment and the Department's field staff. House Mothers in training at Bristol Technical College and girls in training at the Local Authority's Nursery Nurses Training School came along on educational visits. Each day over the first week new things were added to the display as workers in nurseries and schools and mothers gave us new ideas and took others away. The instructions for making the toys and sources of material were made available to everyone and again Miss Daphne Hubbard came along and took photographs and a one-page feature appeared in the *Bristol Evening Post* of 14th November detailing our aims and how these aims were being translated into reality. Each of the other 16 Clinics in the City were encouraged to put on small displays and the main display material was also split up and circulated to Clinics during December. It is hoped that some inspiration and help was thus made available to parents and that a greater awareness of play as an important factor in development, both emotional and physical, was created. Certainly the staff of many of the nurseries and schools said they had found useful inspiration from the material on display. Maybe we should consider the suggestion of one of the visiting doctors that a permanent centre or room be created for the display of good toys and play material and for the interchange of ideas between staff responsible for the care of young children, and for parents".

Talks

A record number of talks and lectures were given by members of the Health Department during the year. The total number recorded from returns was 1,620 of which 452 were sessions given by Health Visitors in Parentcraft classes and 164 by Midwives. Other contributors to the Parentcraft classes were the Nutritionist—93 sessions with 880 attendances; and the Dental Auxiliaries—85 sessions with 750 attendances. Health Visitors, the Nutritionist and Dental Auxiliaries gave other talks in infant welfare clinics, schools, youth clubs, young wives clubs and old age pensioner clubs, to name some of a wide range of audiences visited. Public Health Inspectors conducted 110 lectures and talks with a total audience of just under 2,400. Further talks and lectures were given by the Health Education Officer (58) and the Deputy Health Education Officer (33). Talks given by Medical Officers were given mainly to women's organisations and schools. In addition to these many talks were given by the Speakers Panel of the Home Safety Council and these are listed elsewhere in this Report.

The main subjects covered were :—the organisation of the Health Services, prevention of home accidents, smoking and health, dental health, cervical cytology, handicapped children, dietary advice, sex education, first aid, preparation for retirement and for middle age, play and toys.

Visual Aids Library

With the increase in the numbers of talks given, there was a great demand for films, filmstrips, slides and flannelgraphs for use by the speakers. Three new films were added to the film library during the year, bringing the total now held up to 42 prints. In addition, six copies of each of the films, "Marlborough House", "Claremont",

"Back to Claremont" and "The Helping Hand" are maintained for hire purposes; it is encouraging to report that the demand for these films—both hire and sale—continues at a very satisfactory level.

During the year, Bristol Cine Society made a film for the Mobile Physiotherapy Branch of the Bristol Queen's Institute of District Nursing. The film, "The Comfort Bringers", which is 16 mm., colour, sound, has a running-time of 12 minutes and depicts the services of Mobile Physiotherapy provided for the elderly and handicapped in their own homes. The Health Education Section has now taken over the distribution of this film.

BRISTOL HOME SAFETY COUNCIL—1966

During the year, 52 people died as the result of an accident at home: one half of the deaths were caused by falls, 18 females and 8 males, two of the latter were falls from rooftops whilst house decorating. All but four of the victims were over 70 years of age; the youngest was a little girl of 20 months who died after falling downstairs. A particularly tragic case was that of an 11 month old girl who died from shock and haemorrhage after falling and striking her head on a broken sauce bottle.

There were relatively few deaths in the middle age and younger age groups; perhaps this may be a reflection of the increasing awareness in the community of the dangers that exist in our homes.

"Medicines with Care" Exhibition

This Exhibition was held at Quakers' Friars from the 28th March to the 2nd April, 1966 and was the result of a joint effort by the Home Safety Council and the Bristol Branch of the National Pharmaceutical Society.

Posters were placed on more than 180 sites in the City and all doctors' surgeries, out-patients' departments and chemist shops displayed "amnesty" posters, requesting the public to return to their chemists all unused drugs and medicines. All the City clinics arranged special displays and a double window display was arranged at the City Information Bureau. The March Bulletin of the Medical Officer of Health contained an article on the topic written by Mr. Rawlings, the Chief Pharmacist in the Public Health Department. Arising from this article, the *Evening Post* featured the Exhibition and Mr. Rawlings was interviewed on B.B.C. Radio in *News Round-Up* and on Television *Points West* programmes.

The Exhibition was opened by the Lord Mayor, Ald. Tom Martin on the 28th March and later parts of the Exhibition were shown on Television.

Organised parties of schoolchildren visited the Exhibition and many later came to the Central Health Clinic to see a demonstration of the mouth-to-mouth method of resuscitation.

Children visiting the Exhibition were invited to write an essay on "My Impressions of the 'Medicines with Care' Exhibition".

Two 2-guinea and two 1-guinea awards were made to children for the best individual entries in two classes, i.e. children up to and including 11 years of age and children of 12 years of age and over. The awards were provided by a Member of the Bristol Branch of the Pharmaceutical Society.

The Ethel Boyce Memorial Rose Bowl was won by Elmlea Primary School for submitting the best group of essays; a medicine cabinet was also presented to the same school for submitting a record entry of 32 essays.

Annual Flower Show

The Home Safety Council stand at the Flower Show was extremely colourful and was well patronised. The subject chosen dealt with the prevention of accidents out-of-doors and the twin themes of Camping and Anti-Litter were illustrated. The cartoon family, "The Trouble Just-Comes", was once again used to illustrate the theme. The display was awarded a Gold Medal. It is worth recording that a Gold Medal was won also in 1964 and Silver Medals were gained in 1958, 1962, 1963 and 1965.

Speakers Panel

Members of the Panel of Speakers were active throughout the year, giving talks on accident prevention to a wide variety of audiences. Attached to this report is a list of schools and various organisations where audiences of 20 or more were addressed. This does not give a complete picture of the Speakers' activities since very many smaller groups are spoken to. In addition, the number of individual requests for information on Home Accidents shows no sign of lessening; the requests in particular come from schoolchildren, Cub Leaders, Guiders and other youth organisations.

It is again fitting to conclude this Report by recording our appreciation for the continuing support of the Bristol Health Committee.

M. FARLEIGH, *Chairman*

24th May, 1967

P. MACKINTOSH, *Secretary*

Main Groups visited by Members of the Speakers' Panel

Ham Green Hospital—Hospital Nursing Services Reserve

Lawrence Weston School—Fifth-Year Pupils

La Retraite High School—Forms IV, V and VI

District Nurse Students (two groups)

Clinic Assistants

Medical Undergraduates (four groups)

Medical Postgraduates—D.P.H. Students

Health Visitor Students

Bristol Technical College—Catering Housekeepers' Course

Bristol Association of Youth Clubs

Long Ashton Red Cross Detachment

Lockleaze School—Fifth-Year Pupils

Chew Stoke Women's Institute

St. Anne's Park Young Wives' Group

St. Anne's Park Old Age Pensioners Association

Stockwood T. W. G. (Bristol Castle)

The Dell Young Wives' Group

St. Mary's Fishponds, Young Wives' Group

Hartcliffe Methodists Wives Meeting

Shirehampton—Baptist Ladies Contact Meeting

Redland Park Wives' Club

Broomhill Consumer Group	}	Womens Co-operative Guilds
Hartcliffe Consumer Group		

Southmead T. W. G. (Bristol North-West)

Speedwell Girls' School—Fourth-Year Pupils

THE MENTAL HEALTH SERVICES

H. Temple Phillips

(Chief Assistant Medical Officer of Health and Senior Medical Officer for Mental Health)

F. Morton

(Mental Health Officer)

and

K. R. Pennington

(Deputy Mental Health Officer)

ADMINISTRATION AND SOCIAL WORK

The administrative arrangements for the Mental Health Services remain the same as set out in the annual report for 1965.

In the annual report for 1963 a revised establishment of social workers was outlined. Since that time there have been six mental health districts in the City and it has been the intention to staff each of these with a Senior Mental Welfare Officer, a Mental Welfare Officer, and either a trainee Mental Welfare Officer or a Welfare Assistant. Unfortunately it has not been possible to fill the establishment, as although there have been numerous applicants very few of these have come up to the required standard. Consequently the two posts of Senior Mental Welfare Officer employed jointly with Glenside Hospital, and also the two joint appointments with the United Bristol Hospitals were discontinued during the year and authority was given to create two full-time Senior Mental Welfare Officer posts in lieu.

At one stage during the year the number of social workers in post fell to a dangerously low level, and particular attention had to be given to providing immediate temporary relief. Following discussion between the officers of the Health Department and Glenside Hospital the Health Committee and the Hospital Management Committee agreed to a scheme of secondment of four nurses for a period of six months from the hospital to the local authority to act as relief Mental Welfare Officers. As a consequence two male and two female nurses joined the Local Authority Mental Health section on the 1st August, 1966. All four had been carefully selected from nursing personnel who had expressed interest in community care of the mentally disordered. Despite their considerable psychiatric hospital experience it was found necessary to provide two months' intensive training and close supervision within the section before they could undertake the full duties of a Mental Welfare Officer, but thereafter they gave a very valuable service under the direction of the Senior Mental Welfare Officers.

The scheme has been well accepted by all concerned. Indeed it has been most encouraging to observe the enthusiasm of the nurses and their willingness to learn new skills. An excellent relationship was immediately established between the temporary and permanent staff and the latter cheerfully accepted the additional burden which was placed upon them during the two months' training period.

The co-operation of the hospital authorities in this matter has been greatly appreciated.

Although depleted in numbers, the Mental Welfare Officers have remained active in providing community care for the mentally ill, subnormal and severely subnormal. The annexed statistical tables provide details of referrals during the year and give a breakdown of the services provided. Social worker case loads in the Mental

Health section remain extremely high and, although many subnormal cases are long-term and fairly static, demand a considerable amount of intensive work. One of the frustrations experienced by Mental Welfare Officers during the year has again been the lack of time available for case work.

Mental Welfare Officers have continued to attend out-patient clinics catering for the mentally ill and the mentally subnormal, and have worked closely with general medical practitioners and doctors of the hospital service. They have liaised closely with many statutory and voluntary organisations and have participated in hospital case conferences and area case committees. As services have expanded it has been necessary to devote additional time to training centres, workshops, clubs and hostels. The statutory functions of the Mental Welfare Officer, especially those connected with the provision of a 24-hour emergency service, have been particularly arduous in view of the smaller number of officers available for rota duty.

It is a matter for regret that shortage of staff has delayed the development and expansion of many aspects of community care (especially the increased provision of after-care), but it is hoped that in future, after the essential "breakdown" service has been carried out, more time will be available to operate a full programme of prevention, care, and after-care.

SUBNORMALITY AND SEVERE SUBNORMALITY

At the end of 1966 the number of subnormal and severely subnormal persons known to the Local Health Authority was 854. This shows an increase of 18 on the figure for 1965. During the year 160 new cases of subnormality and severe subnormality were referred and 142 cases were discharged. Referrals came from the following sources :—

From :	<i>M</i>	<i>F</i>	<i>Total</i>
Hospitals	32	18	50
Local Education Authority	26	17	43
Police	1	1	2
Others	29	36	65
Totals	88	72	160

These were dealt with in the following manner :—

	<i>M</i>	<i>F</i>	<i>Total</i>
Informal Care	70	53	123
Admitted to Hospital (Informally)	1	4	5
Admitted to Hospital (Detained)	4	2	6
Placed under Guardianship	—	2	2
Died before action could be taken	7	6	13
Pending	6	5	11
Totals	88	72	160

Admissions of the Mentally Subnormal and Severely Subnormal to Hospital

At the commencement of 1966 there were 35 names on the waiting list for admission to hospitals for the subnormal and severely subnormal, and during the course of the year 17 were added. Of this total of 52, 13 were admitted to hospital, one moved from Bristol, and three died. Six were removed from the list, care in hospital being no longer required. This left a total of 29 awaiting admission at the 31st December, 1966.

In addition to the 13 admitted from the waiting list it was necessary to admit a further 17 as a matter of urgency, making a total of 30 admissions during the year. These admissions were arranged in accordance with the following provisions of the Mental Health Act :—

	<i>M</i>	<i>F</i>	<i>Total</i>
Section 5 (Informal)	6	16	22
Section 26 (Treatment)	3	4	7
Section 60 (Court Order)	1	—	1
Totals	10	20	30

Short-term care was provided in 152 cases as follows :—

To:	<i>M</i>	<i>F</i>	<i>Total</i>
Hortham Hospital	3	9	12
Stoke Park Hospital	14	12	26
Bush Training Centre residential unit ...	57	57	114
Totals	74	78	152

The shortage of beds, particularly for the admission of children under the age of five, has created a serious problem, and inability to admit to hospital has made it necessary to accept a small number of children on a long-term basis in the Bush residential hostel, although it was originally intended that in that hostel only short-term care of up to two months would be provided.

Day Hospital Provisions for the Severely Subnormal

At a time when so much is being done for so many mentally disordered persons and their families it is unfortunate that one important group is left largely unassisted. This consists of adults and children with disturbed behaviour or with gross subnormality associated with physical handicap, who need specialist treatment or constant nursing care, but who can be managed in their own homes at night.

In Bristol every effort has been made to accept such persons into day training centres, but when this has not been possible immense strain has been imposed on the parents, who give continued care and supervision at home. In some cases in-patient hospital care has been unacceptable to parents, but in others applications for admission to hospital have been made but beds have not been available.

In the enclosure to memorandum H.M.(65)104 issued by the Minister of Health in December, 1965, it was recommended that subnormality hospitals should make day hospital provision for patients of this type and as a result adult special care units were not included in the Local Health Authority's ten year plan. Clearly it will be some time before there can be any large scale development of day hospitals, but by the end of the year, as a result of close co-operation between the Local Health Authority and the hospitals, five men were attending Brentry Hospital daily and two children were attending the Purdown Hospital school. All of these patients have been transported by the Bristol Ambulance Service.

Assessment Clinics

As in previous years sessions have been held at the Central Health Clinic on the second Tuesday of each month by Dr. Lumsden Walker (10 sessions), and on the first and fourth Tuesdays by Dr. Jancar (20 sessions).

The numbers attending were as follows :—

	<i>Dr. Jancar</i>		<i>Dr. Lumsden Walker</i>	
	<i>New Cases</i>	<i>Follow-up</i>	<i>New Cases</i>	<i>Follow-up</i>
Bristol cases	18	35	7	22
Other L.H.A. cases	17	12	6	2

In addition to his sessions at the Central Health Clinic, Dr. Jancar held four sessions at the Bush Training Centre.

As the pressure on hospital beds has intensified it has become increasingly necessary to establish priorities for admission to hospital and more use of Assessment Clinics has been made for this specific purpose. This has resulted in there being less clinic time available for advice concerning ongoing community care problems. Mental Welfare Officers have found it necessary to wait several months before presenting cases to clinics, and it is likely that a request will have to be made for additional sessions.

BUSH TRAINING CENTRE

The Bush Training Centre has now completed its third year and a recognisable pattern of training is emerging which incorporates current principles for the care and training of the mentally handicapped.

		<i>Numbers on the Register</i>	
		<i>December 1965</i>	<i>December 1966</i>
Special Care Unit ... ..	...	23	26
Junior Training Centre ... ..	...	132	123
Adult Training Centre ... ..	...	184	195
Totals		339	344

It will be noticed that there has been a slight fluctuation in numbers in the three units of the centre, and a slight increase in the overall numbers. Since the opening in 1963, an additional 50 names have been added to the register, 30 of whom are in the Adult Training Centre. By the nature of things there is a continual feed-in of trainees from the senior classes of the junior training centre to the industrial unit, but the outlet from there into the community is very much more limited. In the present economic situation the difficult task of placing the mentally handicapped in outside employment has been aggravated by increased competition for the simplest kind of work. Hence the numbers on the workshop floor in our industrial unit are tending to rise, and this causes a certain amount of overcrowding.

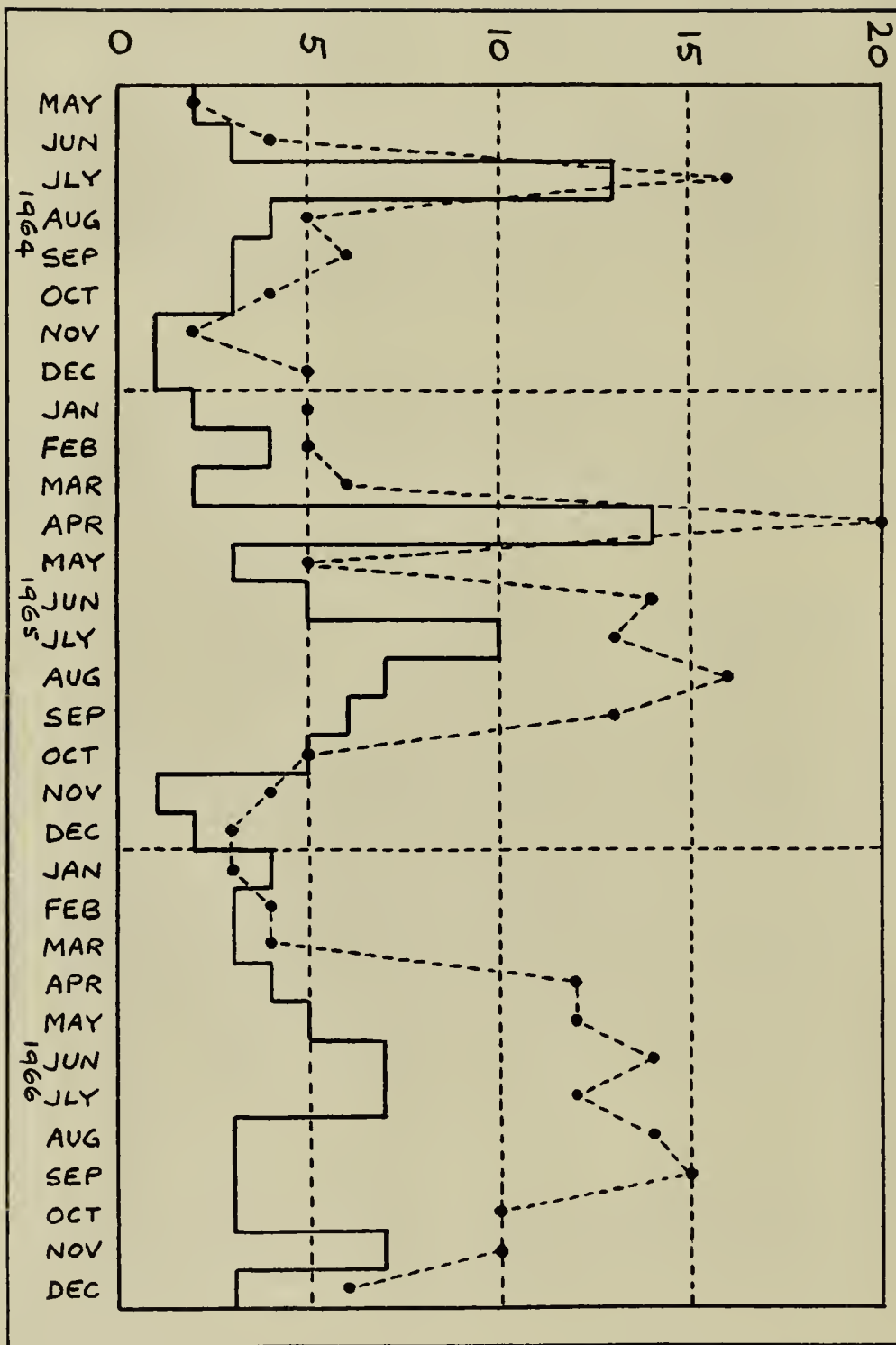
Special Care Unit

In this smallest of the three units of the centre three groups of children, the multi-handicapped, those with marked behaviour disturbance, and pre-school age children, occupy the 30 available places. A close liaison is maintained with Stratton Street Day Centre and during this year arrangements have been made according to individual needs to effect some exchange between the two establishments. As a result, five of the most seriously handicapped have been transferred to Stratton Street, and three of the children from there have been transferred on a temporary basis to the special care unit. Five children from this unit have made sufficient progress to warrant promotion to the nursery group.

BUSH TRAINING CENTRE — CHILDREN'S RESIDENTIAL UNIT

Total admissions during 32-month period = 269

— No. in residence at end of month
 ---- No. admitted during month



Junior Training Centre

The Junior Training Centre comprises nursery, middle and senior classes from three to 16 years. There are two nursery groups in a separate wing of the building, with accommodation for a maximum of 15 in each group. This section is continually under pressure to accept new admissions from a variety of sources, e.g. general practitioners, health visitors and social workers. The first nursery or reception class was intended to take children from as young as three years old (in very special circumstances) up to the age of six. However, the demand for places for children of this age group has been so overwhelming that it has become necessary to establish a waiting list and to admit the pre-school child only after extremely careful selection. Attendance at the centre for these very young children can involve an absence from their mothers of anything up to nine hours per day, which should not be decided upon lightly. It is with considerable pleasure that we record this year that one little boy from nursery class 2 has been accepted for transfer to the education system and is currently attending Henbury Manor School. Although this rarely happens it does not detract from the enormous satisfaction given to parents and teachers alike. In the ordinary way promotion throughout the Junior Training Centre proceeds as far as possible with regularity, after careful assessment of each child's progress as an individual and as a group member. At the age of 14 most of the children enter the senior department of the Junior Training Centre, from where, after a period of increasing practical education with the emphasis on social training, they are ready to begin the transitional year.

The establishment of a transitional year is a relatively new scheme at the Bush Training Centre and under it every child on reaching the age of 16 spends one day a week in the workshops of the Adult Training Centre. This is gradually increased to two and then three days per week until, by their 17th birthday, girls and boys are finally transferred full-time to the Adult Training Centre. During the past year this gradual process has been carried out for 15 senior boys and girls who have been successfully assimilated into adult life at the industrial unit. This gradual acquisition of adult status is one of the advantages of a comprehensive centre where junior and adult sections have adjacent accommodation.

Adult Training Centre

This is the largest unit of the Bush Training Centre and was originally planned for 150, but at the moment has 195 names on the register, due partly to reasons already mentioned. During the year there has been a small outlet through the transfer of seven young men and women who seemed likely to become employable to the workshops at Marlborough House. Four of these have succeeded in responding to the challenge, but three have had to return, failing on grounds of immature personality rather than lacking in vocational skill. It is, of course, less hurtful to the individual that this should emerge during a trial in our own sheltered workshop rather than when trying to face conditions of ordinary employment and failing there. These unsuccessful trainees may be able to attempt the more exacting industrial regime of Marlborough House again when they have had a chance to mature further, and possibly they may achieve success in the second attempt.

Evening Classes

Before leaving the subject of training mention should be made of the progress achieved this year in this new field of evening classes being held in a training centre in con-

junction with the Further Education Department of the Local Authority. The first of this series was started as an experiment in May 1966.

Two classes were established initially—General Education for a group of 15 young men and women who were given simple instruction and practice in learning the standards of behaviour expected of them as adults living in the community. The other is Homecraft which is attended by 13 of our young women and consists of instruction over the whole range of domestic skills at a simple level.

Mr. P. Taylor, a fully trained teacher and member of the staff of Withywood Comprehensive School, was appointed to take charge of General Education. Mrs. I. Williams, our own Homecraft teacher, was approved by the Principal of the Evening Institute and both classes fulfil the required conditions which apply to all other evening classes.

The result of this project, which has now continued for six months, is undoubted success. The numbers, far from declining as sometimes happens in evening classes, have maintained their original level, and enthusiasm on all sides for this further opportunity of training has been, and is, obvious in the attitudes of pupils, teachers and parents. Many more applications have been sent in for inclusion in future programmes and this is good evidence that a real need is being met by the provision of these classes.

Specialist Services

Regular provision for specialist services is made on a part-time basis in respect of speech therapy, physiotherapy, psychology, and physical education.

Physiotherapy : Many of the trainees suffer with physical handicaps of various kinds, ranging from severe spastic conditions to slight postural abnormalities. Physiotherapy provides a great deal of help for these various conditions, whether in the form of orthodox exercises in the gymnasium, or teaching techniques of relaxation such as square dancing to music for senior boys and girls who have some difficulty in normal movement. Much helpful advice and therapy is given to the mothers of severely disabled young children in their handling supported by home visits.

Speech Therapy : This has continued along the lines successfully adopted last year. By this method the work is carried out during activities in the classroom rather than in the clinical atmosphere of a specific office. This is an attempt to integrate speech training with ordinary classroom routines rather than to teach good speaking habits for special periods only. By this method, the class teacher also benefits by being able to see specialised techniques demonstrated for helping severe speech disabilities, and is able to carry on the good work during the week.

Psychology : It is nowadays increasingly accepted that principles and methods underlying the teaching of normal children are applicable, with due modification, to the mentally handicapped child, and in fact the study of the slow learner is contributing a great deal to the total body of knowledge about the normal processes of learning. Thus it follows that particularly in this transitional stage of work with mentally handicapped there is wide scope for applying the experience and knowledge of educational psychology in the training centre programme, and a considerable number of sessions are spent in advisory work.

Intelligence assessment continues to play an important part in the day's work, but is now frequently carried out in an informal manner, either during play therapy

or in an apparently casual observation in the classroom or workshop. Increasing attention is being given to the importance of social and personal factors, and to study of the individual in his total environment which includes his life outside the centre, especially in his own home. Reports and follow-up observations along these lines have been prepared for a number of trainees attending assessment clinics.

Physical Education : Good progress has been made. Swimming classes for both children and adults are a regular feature of the timetable, and 17 trainees were awarded the Baths Committee one length certificate (100 yards). At the other end of the scale, small groups of children from the special care unit, with very careful supervision, gain enormous benefit from the physical exercise involved.

Teams representing the Centre in football and netball have played a programme of matches with other organisations, both at home and away, and again, apart from the sheer pleasure of the activity they learn a great deal about acceptable group behaviour in these special occasions. Successful Sports Days have been held for both the Junior Training Centre and the Adult Training Centre, and were well supported by the parents.

School Health Service : Routine medical and dental examinations have been carried out at the centre during the year, attended by the health visitors. Dr. Kaye attends periodically to carry out hearing assessments and Dr. Jancar holds psychiatric assessment clinics at regular intervals.

Kitchen

Members of the kitchen staff produce a daily average of 390 meals for all who attend the Bush Training Centre, Marlborough House Workshops and Stratton Street Day Centre. In addition, extra calls are frequently made upon their services when hospitality is offered to visitors attending conferences or joining in conducted tours or taking part in any official occasion.

Laundry

Output has increased in the laundry during the year and now an average of 2,000 pieces is maintained weekly, covering not only the needs of the Bush Training Centre but also the other hostels of the Mental Health Section, as well as the Ambulance Service and one large Day Nursery. A small number of selected trainees help in the laundry, so deriving a realistic and practical training in an industrial process.

Student Training Programme

Our pre-professional in-service training scheme has continued, and at the moment we have three young women attached to the training centre in the capacity of trainee teacher. The aim of this programme is to give them a realistic insight into the work, to help them to decide if they wish to make it their professional career, at the same time to give the supervising staff an opportunity to assess their potential for the work. They are given the opportunity of assisting individual teachers in the classroom, and encouraged to join in all general activities at the centre to give them a broad view of the work, and a programme of talks, discussions and visits is organised for them. In the case of suitable young men and women, full-time professional training

follows, which is the two-year course run by the National Association for Mental Health, or the equivalent, which is available at certain Technical Colleges in various parts of the country.

Apart from these trainee teachers who spend their first year at the centre, many others come for their field-work placements from various courses. Chief of these are the students from the National Association for Mental Health training course for teachers of the mentally handicapped. They do a three-week placement in their first year and a five-week period in their second year, under the supervision of our teaching staff, who are in close contact with the tutors of the courses.

Apart from these student teachers, many other allied professions seek practical experience of our setting for their students. Study days are arranged for teachers in the general field of education, some of whom are gathering material for their theses, senior medical students from the University, social work students of all kinds, and nursing students both probationary and post-registration.

We also have a continuous stream of requests for day visits from an enormous variety of interested organisations, not only from this country but from many parts of the world, often under the auspices of the United Nations or the British Council. During the year a total of 1,268 visitors were received at the centre.

Parent-Teacher Association

Emphasis has always been laid on the importance of maintaining a close contact with parents. This is one of the chief points dealt with by the Plowden Committee in respect of normal education. It is even more fundamental to the success of our work that good rapport should exist between home and training centre. Parents of the subnormal are often extremely sensitive and ready to be critical in defence of their handicapped member. This is very understandable when considering their special problems which may have deep emotional overtones. Apart from the well supported Parent-Teacher Association special attempts are regularly and methodically made, to invite parents to attend the centre for an afternoon a month, in small groups for informal discussion. They are invited to meet the parents of other trainees in the same group, and encouraged to discuss common problems and solutions amongst themselves over an informal cup of tea with the Supervisor, Workshop Manager or the Chief Supervisor. This scheme, of course, does not prevent the parents coming to the centre at the time a particular difficulty arises in order to have an informal talk with the staff member mostly concerned with the child.

Social Activities

All the well established social activities have continued to flourish during the year, for which the excellent facilities at the centre very easily lend themselves. Christmas festivities, Open Days, Harvest Festival, Summer "Fayre", and Variety Club visits have been most successful events.

These social activities which represent the lighter side of the work of the centre, also provide excellent learning situations for the trainees, who have at these times the opportunity of mixing easily with members of the general public. Trainees and staff alike are given the opportunity of assessing the standard of achievement in a real social situation and of judging the success or failure of the social education which is carried out at the centre.

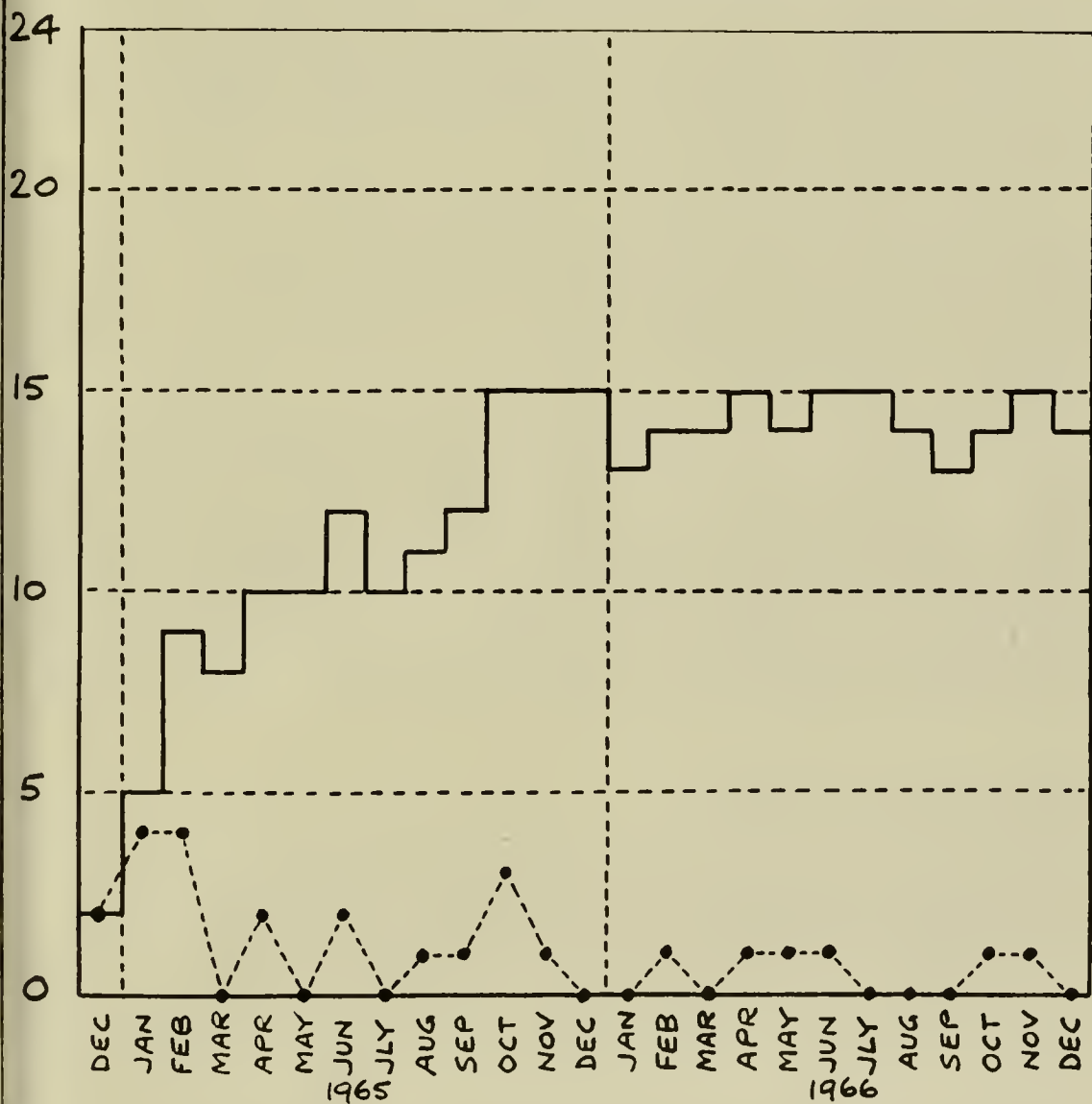
MARLBOROUGH HOUSE

Total admissions during 25-month period = 26

Total discharges during 25-month period = 12

— No. in residence at end of month

---- No. admitted during month



MARLBOROUGH HOUSE WORKSHOP

During the year there were encouraging new developments and re-arrangements in the work programme. The Local Health Authority entered into a contract with the South Western Regional Hospital Board to supply a variety of dressing packs for use in the Board's hospitals.

The work is now in hand and adequate supplies of materials have been provided by the Regional Hospital Board. A rate of pay, per pack, has been agreed, and transport is undertaken by the Board. At present the Bath Hospital Management Committee and the United Bristol Hospitals are being supplied, but there is every indication that we are well able to meet a greater demand, and negotiations are in hand to bring more hospitals into the scheme.

The Marlborough House Workshop and the Bush Adult Training Centre are administered separately but there is an interchange of trainees in accordance with ability and work attitudes. There is also integration in the work situation between the two units. Until the present unsterile packs contract was undertaken, work was transferred from one workshop to the other.

At the end of the year there were 12 men and 11 women in attendance. There is also a close link between the Marlborough House workshop and the special schools for the educationally subnormal. Pupils on the register of Russell Town School and the House in the Garden School are accepted into our workshop on a day release basis. Also men who have left school return to Russell Town on day release from our workshop for extra schooling.

With the exception of boys and girls who are still in attendance at school all our workers are in receipt of social security benefits. An earnings limit of 30/- is imposed in these cases, but this does not include refund of out-of-pocket expenses such as 'bus fares', and a free mid-day meal is also provided.

The Marlborough House Workshop is limited as to capacity. The problem is mainly one of lack of storage space, resulting in materials and finished articles having to be stacked in the workshop. If the scheme is to be developed and additional workers employed, alternative workshop accommodation will have to be found or alternatively extra storage provision will have to be made.

STRATTON STREET DAY CENTRE

The Stratton Street Day Centre continues to perform an extremely valuable function. At the end of the year 26 children were in attendance. All these children were transported in specially adapted mini-coaches owned by the Local Authority.

The children attending the unit are too severely handicapped to benefit from the training provided at the Bush Training Centre and a number of them would be in the hospitals for the subnormal if the parents gave their consent and if vacancies were available. In the majority of cases severe physical handicap is associated with the subnormality.

The children receive physiotherapy at regular sessions held in the centre, and weekly visits are made to the Bush Training Centre swimming pool for those able to benefit from water play. Regular medical and dental examinations are carried out, and certain children receive follow-up treatment at the Cerebral Palsy Assessment Clinic at the Bristol Royal Hospital for Sick Children.

During the year one girl was transferred to the education system for attendance at Claremont School, and two boys and one girl were transferred to the Bush Training Centre. Seven new children were admitted, five having been transferred from the Bush Training Centre and one from Claremont School.

These severely handicapped children call for considerable care and attention, and it is pleasing to report the tolerance, skill, and devotion with which the centre staff carry out their duties.

MENTAL ILLNESS

The numbers of patients referred to the Mental Welfare Officers during 1966, and the ways they were dealt with, are as follows :—

		<i>M</i>	<i>F</i>	<i>Total</i>
Admitted to Hospital (Detained)	... ..	86	147	233
Admitted to Hospital (Informal)	... ..	37	40	77
Community care	... ..	23	49	72
Investigation only	... ..	43	64	107
To L.H.A. Residential Units	... ..	6	1	7
	Totals	195	301	496

HOSTELS

Residential Short-Stay Unit, Hengrove

The hostel provided accommodation during the year for 118 mentally subnormal children for short periods up to two months. The greatest pressure here continued to be during the holiday months when parents were able to enjoy a break from the constant demands of the care of a handicapped child, and take the other members of the family away on holiday. By coming to stay in an already familiar setting the handicapped child suffers very little stress in being parted from his parents, possibly for the first time, and in fact it becomes an added opportunity to provide realistic social training for the child and an opportunity for 24-hour observation for the training centre staff.

Marlborough House

The number of subnormal men in residence remained fairly constant throughout the year.

Of the seven who left the hostel four moved into lodgings, one went back to his parents' home (where he is fitting in more easily having become more mature as a result of 13 months' residence in the hostel), one was returned to a subnormality hospital because he was found to require more supervision than could be provided in the hostel, and the seventh was transferred to a normal old persons' home. Mental Welfare Officers are following up the four men who found lodgings; of these two appear to be managing very well; one left the hostel just prior to the end of the year and it is, as yet, too early to form an opinion as to his progress. The fourth, who came to the hostel from prison, has been in further trouble, but has been offered re-employment and accommodation by a former employer.

During the year six new residents entered the hostel. Four of these came from subnormality hospitals, one from a private residential home for mentally subnormal

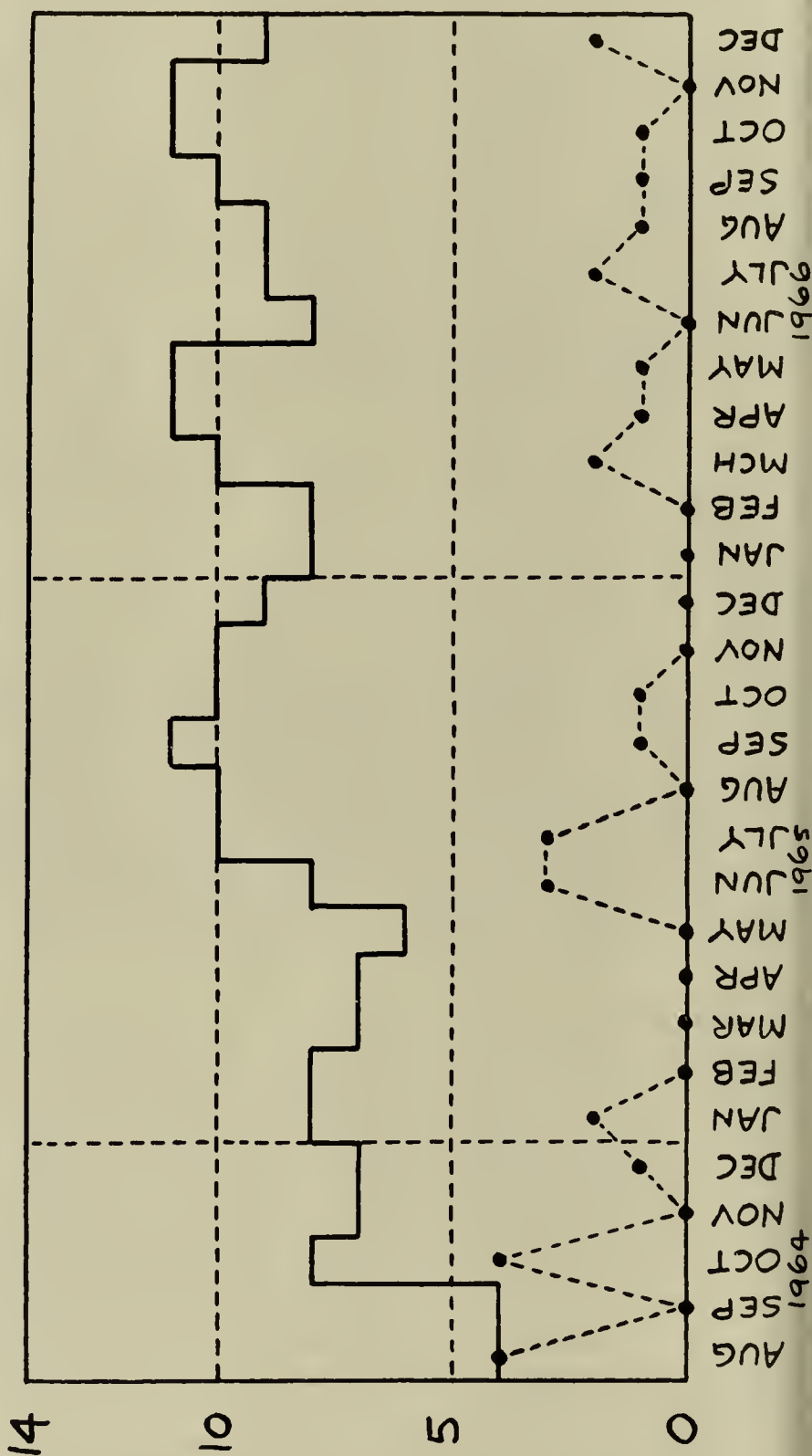
DEVON HOUSE

Total admissions during 29-month period = 30

Total discharges during 29-month period = 21

— No. in residence at end of month

---- No. admitted during month





Devon House



Devon House Sitting Room

Devon House Bedroom





Marlborough House Workshops — preparing dressing packs for hospital use

men, and the sixth came from his own unsatisfactory home after being placed on probation by the Bristol magistrates.

At the close of the year there were 14 men in residence and of these 13 were in regular employment, the other being unemployable but fully occupied as a "house-boy" in the hostel.

The local authorities for Surrey, Monmouthshire, Herefordshire, Isle of Wight, Stockport, Hampshire, and Northampton each accepted financial responsibility for a period of residence in the hostel for men with home addresses in their areas. As we anticipated in the annual report for 1965 a number of applicants for admission to the hostel are men who entered hospital in the Bristol area many years ago from addresses in other parts of the country, and the lack of a local home has made it difficult to arrange their discharge prior to the opening of the hostel. The willing co-operation of other local authorities in this matter has been appreciated.

In many cases the subnormal men accommodated in Marlborough House entered hospital as children and left as adults. They have no experience of life outside the shelter of the hospital and have little ability in the management of their own affairs. In the hostel situation a great deal of valuable social training can be carried out to enable men to shop for clothing and other essentials, to budget, to pay their rent, to handle savings, to arrange holidays, to change their clothing regularly, and to keep themselves and their possessions in clean, good order. Until these simple skills have been acquired there is little hope of survival in lodgings.

One of the most pleasing aspects of the hostel has been the extremely good work record of all the residents. On a number of occasions it has been necessary for the hostel staff or the Mental Welfare Officers to intercede in order to persuade men not to give up good jobs until some suitable alternative has been arranged, or to smooth out a minor problem at the place of employment. We have not, however, suffered any work casualties despite a trade recession and the selective employment tax.

The hostel staff have been closely supported throughout the year by the administrative and social worker staff of the Mental Health section and in addition to formal monthly case conferences many informal case discussions have taken place in the interests of the residents.

During the year Committee approval was given to the appointment of a non-resident assistant warden, but despite frequent advertisements no suitable applicant has been forthcoming. The present staff of a warden, matron/housekeeper, and resident assistant warden is adequate while all are available for duty, but considerable difficulties arise during holiday periods or in times of sickness.

Devon House

This hostel is designed to provide comparatively short-term care for 14 persons suffering from chronic mental illness. The construction of the building lends itself to the establishment of 10 male and four female beds but the committee has agreed that if the need arises, eight men and six women can be accommodated.

At the commencement of the year there were five men and four women in residence. During the year 10 persons (eight men and two women) were admitted, and 10 people (seven men and three women) left. The year therefore ended with six men and three women accommodated. In addition temporary shelter for one night was given to a mentally disordered woman travelling through Bristol.

Of the 10 persons admitted, six came from hospital on the recommendation of psychiatrists, two came from unsuitable lodgings, one from the Salvation Army Hostel, and one from his own home where inter-personal difficulties had arisen. The four who did not enter from hospital were accepted following initial applications from Mental Welfare Officers or hospital social workers.

Of the 10 residents who left Devon House during the year, one returned to hospital for further necessary treatment, three returned to their own homes, and one woman secured a flat and moved into it in order to set up a home for her husband and herself. The remaining five moved into lodgings and are managing successfully with the support of the Mental Welfare Officers.

The length of stay of the 10 who left the hostel during the year was as follows :—

6 months or less	...	4 male	2 female
9 months	...	1 „	
12 months	...	1 „	
18 months	...	1 „	1 „

The hostel has not been full at any time during the year, but the turn-over has been satisfactory and a valuable rehabilitation service has been provided. The Local Authority's policy has been to accept as residents those people who were considered able to conform to the hostel regime, who had a good chance of becoming suitable for lodgings or returning home within approximately 18 months or two years, and who were either employed or suitable for employment or attendance at sheltered workshops. There is no intention to turn residents out of the hostel at the end of two years (indeed, one man has already spent more than that period of time in Devon House) but it is considered that the value of the hostel as a stepping stone to full recovery will be lost if places are filled by men and women destined to require long-term or permanent hostel care.

Of the nine residents in the hostel at the end of the year five were attending Industrial Therapy Organisation (Bristol) Ltd., one was undergoing an Industrial Rehabilitation Unit assessment, one was employed in a Remploy factory, one worked as a labourer for the Bristol Parks Department, and one was in full employment as a clerk. Earning potential was low in most cases, and this factor is an important one when the question of movement on from hostel to lodgings is being considered.

The hostel staff encouraged residents to participate in a variety of leisure time activities, but no pressure was brought to bear upon anyone in this direction. In the summer months the garden and greenhouse were made available for men or women to rear plants, and lawn games were provided. During the winter seven residents were assisted to enrol for evening classes and developed an interest in such diverse subjects as pottery, dressmaking, mathematics and yoga.

Each resident is supported by a Mental Welfare Officer who will continue to offer friendly guidance after the man or woman leaves the hostel. Monthly case conferences are held in the hostel attended by psychiatrists, general practitioners, mental welfare officers, hostel staff, and Mental Health Section administrative staff, and at these careful consideration is given to any problems which have arisen and to steps which should be taken to assist residents towards full recovery.

The accompanying graphs show the number of admissions and degree of occupancy for the above three hostels from the time they were opened until the end of 1966.

Petherton

Construction of a new hostel for elderly mentally infirm persons was started early in 1966. After some months, however, the contractors went into voluntary liquidation and work came to a standstill.

A new contract was placed for work to be resumed early in 1967, and the hostel is expected to be brought into use early in 1968.

CLUBS FOR THE MENTALLY DISORDERED

Somerset House Social Therapy Club

In the report for 1965 the comment was made that a transfer into new premises at Somerset House had been effected and that there had been some reluctance on the part of members to accept the new environment. The situation is now reversed and the members are so well established in this suitable building that it is difficult to move them on to other places when it is felt that progression is necessary in the interests of full rehabilitation.

There are now 51 members on the register and there is an average attendance of 22 per session.

The detached building contains a large common room sufficiently spacious to permit games, film shows, dancing, parties, and other group activities. This room can be divided when necessary. There is also a comfortably furnished lounge and a separate games room. It is therefore possible to organise any form of activity. It would be a considerable advantage to have a third member of the staff so that members could be split into additional groups, thus permitting the accommodation to be used to the full. Efforts have been made to break away from occupational therapy, and a very varied social programme is operated. There is no doubt, however, that the majority of members are anxious to continue to do handicrafts and a considerable amount of time is allocated to this although care is taken to ensure that while hands are occupied social intercourse is maintained.

Mental Welfare officers and hospital social workers refer new members and pay frequent visits to this club and to the others mentioned below. There is, therefore, a very close link with the homes of members and with consultant psychiatrists providing treatment for club members. The club is an integral part of the community care service for the mentally ill in the city.

King Street Club

This social club for mentally disordered persons has continued on the lines reported in 1965. Four afternoon sessions and one evening session have been held each week, and the aim has been to provide social therapy rather than occupational therapy.

Attendance has been disappointingly poor. The evening sessions have been the most popular owing to the fact that many of the club members are employed or attending sheltered workshops during the day.

In creating this club it has been the object to establish progression from the Somerset House Club and also to provide a suitable club environment for those people who are well on the way to full recovery but still find difficulty in mixing with others and joining organisations designed for the normal members of the community.

Individual cases have shown marked progress and members have contributed increasingly to the running of the club. It has also been pleasing to note that during the year friendships have developed between club members and interests have been encouraged which have been pursued outside the club.

The club is undoubtedly an essential step in the rehabilitation programme for its members.

Steevens House Club for Elderly Mentally Disordered Persons

This very valuable club continues to function each weekday afternoon in the club room of Steevens House Almshouse, Old Market Street. The accommodation is made available to the Local Health Authority by the Almshouse Trustees, free of charge, although the local authority contributes an annual donation towards running costs.

There are 27 elderly people's names on the register and there is an average daily attendance of 16. 12 members attend daily, the others about three times a week.

Almost all the club members are over 70 years of age and in various degrees of mental deterioration, some being markedly confused and disorientated. A small number travel by public transport, having their 'bus fares refunded, but the majority are transported by local authority owned mini-coaches.

During the year our staff has been strengthened by the addition of a newly appointed part-time assistant club organiser. We therefore now have two staff members to supervise the club, and, in addition, assistance is provided on a voluntary basis by the warden of the almshouse and by some of the elderly persons living in the almshouse who come in frequently to talk to club members and to join in club activities.

A programme of occupational therapy, supported by two outings, a Christmas party, film shows, card games, and musical sessions have been enjoyed. Undoubtedly, however, the greatest value of the club lies in the fact that it provides a meeting place in which the company of others can be shared. Relatives also derive considerable benefit in that while members are attending the club some respite can be gained from the continued care and supervision otherwise provided at home.

The club is an important part of the community Mental Health Service, and it is undoubtedly a means of preventing or delaying admissions of members into hospital.

Townsend Youth Club

Activities have continued to flourish in this club under the guidance of the two part-time leaders who receive excellent support from the voluntary helpers.

Approximately 100 names are on the register with a high proportion of regular attendances. The pattern continues of holding the girls' club each Monday evening from 7 p.m. to 9 p.m., the boys' club on Tuesday evenings, and a mixed session on Thursday evenings.

There is now a waiting list of prospective members who would require transport to and from the club, and it is hoped that an additional coach will be made available for this purpose. Very few members cease attendance and there is, therefore, very little hope of a turnover as far as the coach lists are concerned.

SUICIDE AND ATTEMPTED SUICIDE

The following table is an analysis of the 1966 cases :—

				Suicide			Attempted Suicide Reported to Mental Welfare Officers		
				M	F	Total	M	F	Total
Poisoning :									
Aspirin	...	...	...	2	5	7	—	—	—
Barbiturates	...	...	...	—	—	—	1	2	3
Coal Gas	...	...	...	18	8	26	1	1	2
Narcotics	...	...	...	1	7	8	2	2	4
Jumping from bridge	...	...	...	—	—	—	1	—	1
„ „ gorge	...	...	...	2	—	2	—	—	—
„ „ window	...	...	...	—	—	—	2	1	3
„ under vehicle	...	...	...	—	—	—	1	—	1
Cutting wrists	...	...	...	—	—	—	2	—	2
Drowning	...	...	...	2	1	3	—	—	—
Hanging	...	...	...	2	—	2	—	—	—
				27	21	48	10	6	16
<hr/>									
Age Incidence									
Under 20	...	...	...	3	—	3	1	—	1
20—29	...	...	...	4	1	5	1	2	3
30—39	...	...	...	4	—	4	2	1	3
40—49	...	...	...	3	5	8	4	1	5
50—59	...	...	...	4	7	11	1	1	2
60—69	...	...	...	5	4	9	1	—	1
70—79	...	...	...	3	4	7	—	1	1
80 and over	...	...	...	1	—	1	—	—	—
				27	21	48	10	6	16

Mental Health Week

In preparation for Mental Health Week in 1968, to mark the International Congress on Mental Health, preliminary weeks are being held. The first of these was held in June, 1966.

The local Health Authority arranged an Open Day at the Bush Training Centre, at which some 200 people attended. They were shown round the centre and the work being done there was explained.

MENTAL HEALTH STATISTICS FOR 1966

	Mentally Ill						Subnormal						Severely Subnormal						Totals						GRAND TOTAL	
	Under 16			16 & over			Under 16			16 & over			Under 16			16 & over			Under 16			16 & over				
	M	F	M	M	F	F	M	F	M	M	F	F	M	F	M	M	F	M	M	F	M	M	F	F		
1. Number of patients under Local Health Authority care at 31.12.66																										
(a)	Under	Guardianship	...	—	—	—	—	—	—	—	—	—	—	—	—	1	5	—	—	—	—	1	5	—	—	6
(b)	Attending	Training Centre or Workshop	...	—	—	—	—	—	—	11	7	24	34	85	68	89	71	96	75	113	105	389	99	25	522	
(c)	Attending	Social Clubs	...	—	—	32	65	—	—	—	—	—	—	—	—	—	—	—	—	—	32	67	3	—	—	
(d)	Resident in	L.H.A. Hostels	...	—	—	6	3	—	—	—	—	14	—	—	—	2	—	—	—	—	22	3	—	—	—	
(e)	Visited and not included (a) to (d) ...	...	...	—	—	44	41	—	—	7	5	54	107	21	31	151	61	28	36	249	209	522	—	—	—
TOTALS				...	—	—	82	109	—	18	12	92	143	106	99	243	137	124	111	417	389	1,041				

2. Number of patients in Local Health Authority area on waiting list for admission to hospital at 31.12.66																					
(a)	In urgent need of hospital care ...	—	—	—	—	—	—	—	—	6	3	—	1	6	3	—	1	10			
(b)	Not in urgent need of hospital care ...	—	—	—	—	—	—	1	2	3	3	5	5	3	3	6	7	19			
TOTALS ...		—	—	—	—	—	—	1	2	9	6	5	6	9	6	6	8	29			
3. Number of admissions to temporary care during 1966																					
(a)	To N.H.S. Hospitals ...	—	—	—	—	—	—	2	1	6	4	9	16	6	4	11	17	38			
(b)	To L.H.A. Residential accommodation ...	—	—	—	—	1	—	—	—	56	57	—	—	57	57	—	—	114			
TOTALS ...		—	—	—	—	1	—	2	1	62	61	9	16	63	61	11	17	152			

CASES REFERRED TO MENTAL WELFARE OFFICERS DURING YEAR ENDED 31st DECEMBER, 1966

		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Male	Female	GRAND
		Under 20		20—29		30—39		40—49		50—59		60—64		65—69		70—74		75—79		80 & over		Total	Total	TOTALS
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Male	Female	GRAND
		20		29		39		49		59		64		69		74		79		80 & over		Total	Total	TOTALS
		20		29		39		49		59		64		69		74		79		80 & over		Total	Total	TOTALS
		20		29		39		49		59		64		69		74		79		80 & over		Total	Total	TOTALS
		20		29		39		49		59		64		69		74		79		80 & over		Total	Total	TOTALS
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		20		29		39		49		59		64		69		74		79		80 & over		Total	Total	TOTALS
		20		29		39		49		59		64		69		74		79		80 & over		Total	Total	TOTALS
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		20		29		39		49		59		64		69		74		79		80 & over		Total	Total	TOTALS
		20		29		39		49		59		64		69		74		79		80 & over		Total	Total	TOTALS
		20		29		39		49		59		64		69										

AMBULANCE SERVICE

R. F. F. Wood

(Chief Ambulance Officer)

The dominant note for the year was struck when it was realised that the new central ambulance station would be ready for occupation by August or at the latest by the end of September. As centralisation of all resources would mean the closing down of existing peripheral stations, it was obvious that considerable planning and reorganisation would be necessary in order that the overall efficiency of the service to the public and the hospital service should in no way be impaired. It was decided at an early date that, in view of traffic problems caused by a large road reconstruction programme beyond the control of the Health Committee, one district station would remain open until the pattern of traffic density in and around the area of the new central station became known and a control pattern be established. In October, therefore, a large proportion of the existing vehicles and staff were housed in the new central station, a further number being absorbed following the official opening in mid November. It was not anticipated that all staff and all vehicles would be housed in the new central station until approximately mid 1967.

The station was officially opened on Friday, November 18th by the Minister of Health, the Rt. Hon. Kenneth Robinson, M.P., in the presence of the Rt. Hon. the Lord Mayor of Bristol, Alderman Cyril Hebblethwaite, J.P., the Chairman of the Health Committee and other distinguished guests. The station, built to replace existing district stations, has a main garage of 23,000 square feet with garaging facilities for 58 ambulance service vehicles. On the ground floor there is a control room, a duty room, station office, general office, two maintenance bays with mechanical hoists and three washing bays, one with an automatic wash. The control room has a control console with an electro-magnetic switch-controlled operations panel, key and lamp units and dual radio telephone communication facilities. Other modern communications equipment includes a Mufax electro facsimile reproducer linking the control room with the transport office of the main teaching hospital. On the upper floor there are administrative offices, mess and recreation rooms, kitchen, locker room, showers and the usual offices. An electrically heated ramp leads from ground level to the flat roof of the ambulance hall where there is a car park for 84 cars. The doors of the ambulance hall open automatically when a vehicle approaches by passing through an ultra sonic sensing and switching device. Emergency lighting and power is available from a diesel electric generator. Exhaust fumes from the main ambulance hall are extracted at ground level by a ducting system in the floor of the garage.

The site presented many construction problems as the moat of the old Bristol Castle passes through it. As the moat forms part of the present storm-water system, a clear waterway had to be maintained at all times, thus necessitating a considerable bridging problem. The contract sum for the project, including unusual foundation works necessitated by the moat and demolition of former buildings on the site, was £235,931.

Special staffing arrangements were decided by the Health Committee and approval was given for the formation of a Joint Consultative Committee to discuss all matters relating to the ambulance service, and a special station committee to discuss matters relating purely to the operation of the central ambulance station.

Following the publication of the Working Party Report on Training and Equipment, a meeting between members of the Health Committee, the Health Department, members of the medical profession, members of the Board of Governors of the United Bristol Hospitals and members of hospital management committees, was held in the Council House. At this meeting views were expressed on the advisability or otherwise of providing increased scope for the training of Bristol Ambulance Service personnel and the type of equipment which may be carried on all ambulances in the future.

During the year a total of six new vehicles was ordered, three ambulances to be built on a Morris F.G.1. chassis and three sitting-case vehicles to be built on a Morris J.2. chassis.

Despite the greatly increased charges by British Rail for compartment and seat reservations, relations with the local rail staff continued to be of the highest order and many reservations were enabled to be made in an emergency at very short notice.

Thanks are due to Mrs. Rolls, of the W.V.S., who continues to organise on our behalf the cases which are to be carried out by members of the Hospital Car Service. In this context also many requests are made at very short notice, but somehow or other they are always dealt with without complaint.

Although the new station has a mechanical workshop equipped with two electric hoists, the service is still dependent upon the good offices of Mr. H. M. Ellis, the City Transport and Cleansing Officer, for the provision of a mechanic and mate, and for all body repairs and major overhauls. Thanks are again due to him and his staff for their assistance in this respect.

The statistical review of the service has been left to the end this year as a special survey of the emergency cases handled by the service has been prepared by Mr. W. B. Fletcher and is appended to this report.

The overall picture is that a total of 177,947 cases was dealt with during the year, which was an increase of 2,236 over the previous year. Conveying these patients to and from hospital involved a total of 834,819 miles, which was an increase of approximately 10,000 miles over 1965. The following table shows the build-up of the cases handled on a monthly basis.

Bristol Ambulance Service							Supplementary Services		Grand Total	Rail
Accidents		Mat	I/D	General	Total	Services				
Amb.	D/P					Taxis	HCS			
January ...	657	8	193	5	13,668	14,531	232	331	15,094	9
February ...	524	3	179	3	12,853	13,562	187	296	14,045	13
March ...	614	16	189	4	15,226	16,049	173	406	16,628	24
April ...	636	11	174	5	13,008	13,834	176	334	14,344	19
May ...	744	—	190	12	14,531	15,477	272	416	16,165	8
June ...	693	—	181	13	13,784	14,671	242	436	15,349	15
July ...	690	—	148	5	12,830	13,673	217	364	14,254	3
August ...	693	—	169	6	12,338	13,206	119	316	13,641	3
September...	701	—	163	6	12,747	13,617	93	432	14,142	1
October ...	767	—	159	2	13,232	14,160	150	327	14,637	5
November ...	678	—	121	6	14,211	15,016	167	425	15,608	3
December ...	701	—	177	11	12,515	13,404	114	322	13,840	2
Total ...	8,098	38	2,043	78	160,943	171,200	2,142	4,405	177,747	105

The difference between the figures shown by the Ambulance Service under the headings of accident and maternity cases compared with the figures quoted by Mr. Fletcher in his report is accounted for by the fact that in one instance the numbers



The view of the front of the Ambulance Station



The Duty Room



The Control Console

of patients is recorded whereas in the other the number of journeys is the basis for any subsequent calculation.

In conclusion, it is pleasing that the liaison between the Bristol Service, the Avonmouth Docks Ambulance Committee and the adjoining authorities of Somerset and Gloucestershire is of an excellent nature and that the arrangements which are thereby enabled to be made not only enable the most economical use to be made of men and vehicles but ensures that good service is always available to the public and the patients whom it is our privilege to serve.

EMERGENCY AMBULANCE JOURNEYS

W. B. Fletcher

(First Assistant, Records and Organisation)

MATERNITY CASES

Statistics have been maintained for a number of years on journeys made in response to 999 calls and these have always included a number of maternity cases requiring urgent hospital admission. It became apparent last year however, that the much larger number of direct calls from relatives with requests to convey maternity cases in labour were often of almost similar urgency, and these cases have been separately recorded although they have been excluded from the main tabulations. A brief summary of maternity journeys is shown below:—

		1966	1965
Group A	No. via 999 calls and included in tabulations ...	325	416
Group B	Requests directly telephoned	1,733	1,873
	Total ...	2,058	2,289

The number of hospital births in 1966 was 5,752 and in 1965 5,791, so there are proportionately more maternity patients being conveyed to hospital other than by the ambulance service.

One of the main differences shown by these special maternity journeys is the time at which they are undertaken. As will be seen from Table I, about 10 per cent of the general emergency calls arise between 10 p.m. and midnight and this proportion is almost the same for the maternity journeys. However, during the hours from midnight to 7 a.m. the maternity calls from relatives in the year totalled 698, or 40 per cent of the 1,733 calls received. Emergency 999 calls during these hours totalled only 614, or less than 8 per cent of the 7,811 dealt with during the year.

GENERAL EMERGENCY CALLS

The figures given in the following sections relate to emergency calls only which are strictly comparable with the figures shown in previous annual reports. Unless otherwise stated, they exclude the 1,733 calls made in response to relatives' direct requests and of course odd urgent requests from doctors and hospitals which require immediate attention. It is estimated that these tabulations cover about 10 per cent of all ambulance journeys, for conveying patients to and from out-patients departments

is by far the largest component of the service's work. Nevertheless they do represent the bulk of the urgent cases for which no prior warning is given and on which the public often tends to base its assessment of the service as a whole.

TIME CALLS RECEIVED

The pattern did not change substantially from the previous year. For late calls however, it was found that the three hours from 10 p.m. Friday to 1 a.m. Saturday averaged four calls per week, and 10 p.m. Saturday to 1 a.m. Sunday averaged almost five calls. These weekend figures compare with an average of about two cases on each of the other five nights of the week. It might be mentioned here that the direct calls for maternity cases show no such marked variation.

LOCATION OF VEHICLES

In order to allow for changes following the opening of the new Central Ambulance Station in November, comparative figures are shown as a weekly average, Table 2. The Central Ambulance Station dealt with an average of 67 emergency calls per week, which is the equivalent of the figure for Ellbroad Street and Hemplow depots which are now closed.

One marked change from 1965 was the increase in cases serviced from a resting point (usually a hospital) and a corresponding decrease in the number of cases answered by ambulances whilst on the road. Apart from this feature the figures for 1966 are almost identical to those for the previous year.

LOCATION OF PATIENTS

The wards of the city have been grouped into six areas shown on the attached sketch plan (Fig. A). The location of patients dealt with in response both to 999 calls and direct requests for maternity cases (9,544 cases in all) are shown in diagram (Fig. B). This percentage distribution shows how all the cases were dealt with in relation to the location of the vehicles answering the call. A small number of Gloucester and Somerset cases have been included in the North Eastern and South Western areas respectively. This distribution is very comparable with that found in the previous year.

TIME TO SCENE

It will be seen from Table 3 that 72 per cent of the cases were reached in less than 10 minutes, and nine out of 10 cases saw the arrival of the ambulance in less than quarter of an hour. In spite of increasing traffic the figures were substantially the same as those recorded in 1965.

TIME TO DESTINATION (TABLE 4)

This is the time from the receipt of the call to the patient being conveyed to hospital and this factor is affected more by the location of hospitals than any other single item. The lack of hospitals on the South side of the city largely accounts for the fact that only 40 per cent of the patients from the South East and South West are conveyed to their destination within 40 minutes, whereas almost twice this propor-

tion are dealt with from the North East and the two Central areas. The North West area, although not so far from the city hospitals as the two Southern areas, is more remote from the ambulance stations and in consequence the total time for the patient to reach hospital is somewhat extended.

In so far as the location of the vehicle at the time of the call is concerned, it will be seen that Hemplow (now closed) showed the longest time to get the patient to hospital, due mainly to the remoteness of the South Western section of the city which the Hemplow station predominantly served. In Table 3 it will be seen that ambulances from Hemplow did reach the scene in a time only slightly less favourable than ambulances responding from other stations.

CAUSE OF INCIDENT

There has been a remarkable consistency over the past three years as the following figures would indicate. In " Other " categories are included suicides and unspecified accidents both at work and on the sports field.

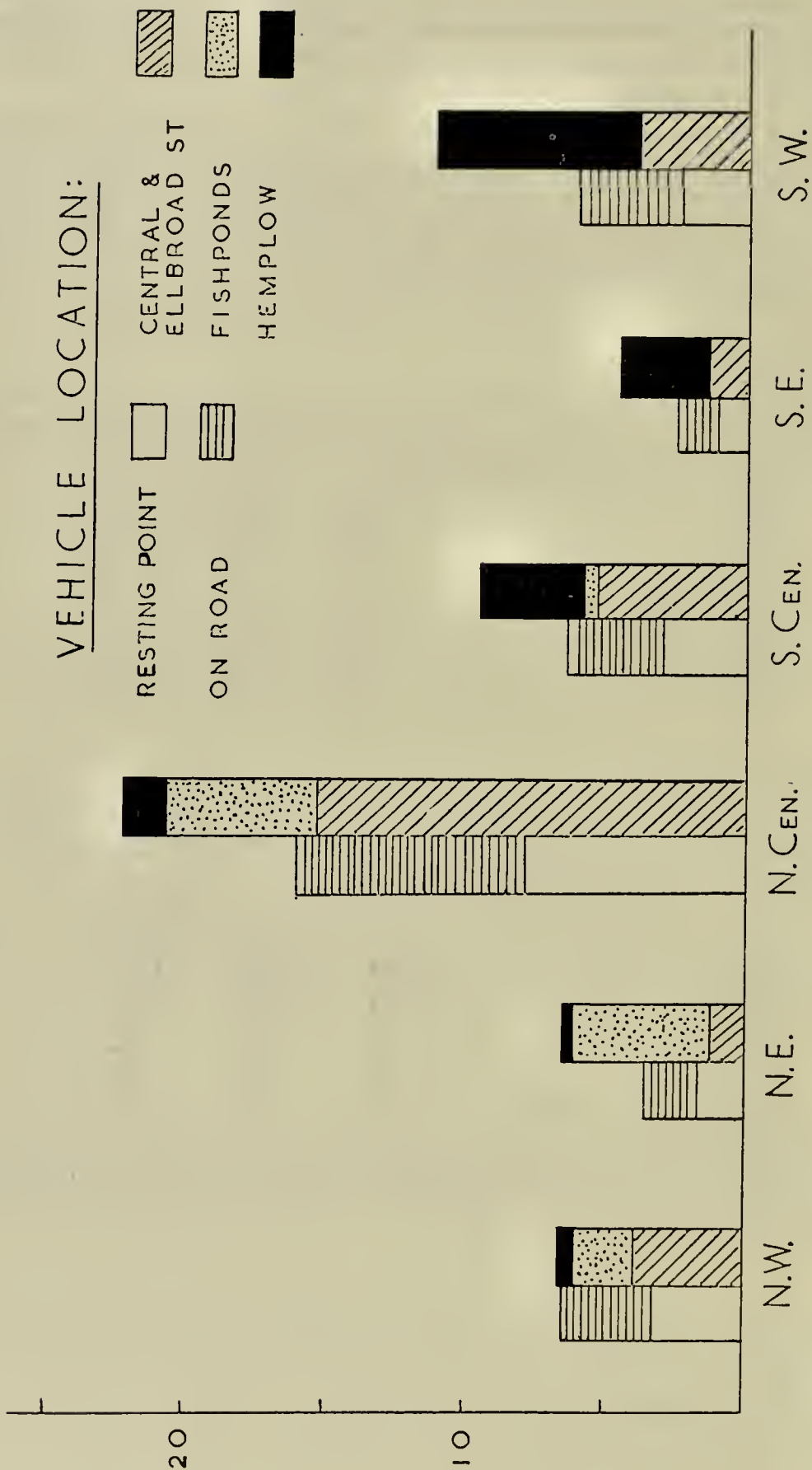
				1966	1965	1964
Falls	...	...	...	2,044	2,082	2,024
Burns	...	...	...	122	135	122
Poison	...	...	...	398	402	365
Sudden illness	...	...	...	1,794	1,522	1,538
Motor vehicle accidents	...	...	...	1,897	1,873	1,798
Other transport accidents	...	...	...	97	104	121
Maternal	...	...	...	325	416	405
Assault	...	...	...	208	250	211
Other	...	...	...	926	946	995

DESTINATION OF PATIENTS

The Bristol Royal Infirmary still continues to take almost three out of every four hospital admissions, and this picture again has been remarkably constant as the figures for the past three years clearly show.

				<i>Emergency Cases Conveyed</i>		
<i>Hospital</i>				1966	1965	1964
Bristol Royal Infirmary	...	...	...	5,364	5,226	5,760
Cossham	...	...	...	633	687	685
Southmead	...	...	...	1,103	1,205	1,190
Frenchay	...	...	...	22	14	28
Mortimer House	...	...	...	76	80	93
Bristol General	...	...	...	106	90	93
Bristol Maternity Hospital	...	...	...	42	39	28
Other hospitals	...	...	...	101	117	82

The 1,733 maternity journeys requested directly by relatives are excluded from the above figures. Patients were mainly taken to Southmead Hospital, Mortimer House and Bristol Maternity Hospital.



LOCATION OF PATIENT

FIG. B



FIG. A

TABLE 1

EMERGENCY AMBULANCE JOURNEYS

HOUR OF CALL BY DAY OF WEEK

Day of Week	Midnight—7 a.m.			7 a.m.—2 p.m.			2 p.m.—10 p.m.			10 p.m.—Midnight			1966		1965	
	No. of cases	Weekly average	No. of cases	Weekly average	No. of cases	Weekly average	No. of cases	Weekly average	No. of cases	Weekly average	No. of cases	Weekly average	No. of cases	Weekly average	No. of cases	Weekly average
Sunday	2.5	221	4.3	348	6.7	77	1.5	778	15.0	14.1	...	...	...
Monday	1.4	478	9.2	537	10.3	90	1.7	1,177	22.6	21.7	...	...	...
Tuesday	1.4	441	8.5	473	9.1	76	1.5	1,061	20.4	20.4	...	...	...
Wednesday	1.2	427	8.2	508	9.8	76	1.5	1,073	20.6	21.4	...	...	...
Thursday	1.5	413	7.9	584	11.2	100	1.9	1,176	22.6	23.0	...	...	...
Friday	1.8	462	8.9	586	11.3	164	3.2	1,303	25.1	24.4	...	...	...
Saturday	2.0	419	7.9	537	10.1	180	3.4	1,243	23.5	23.2	...	...	...
Total	11.8	2,861	55.0	3,573	68.7	763	14.7	7,811	150.2	148.7	...	...	...
Total, including all maternity cases ...	1,312	25.2	3,305	63.5	3,990	76.7	937	18.0	9,544	183.5	184.5	...	...	...	...	...

TABLE 2

EMERGENCY AMBULANCE JOURNEYS — 1966

TIME OF CALL

Location of Vehicle	TIME OF CALL								ALL CASES							
	Midnight—7 a.m.		7 a.m.—2 p.m.		2 p.m.—10 p.m.		10 p.m.—Midnight		1966		1965					
	No. of cases	Weekly Average	No. of cases	Weekly Average	No. of cases	Weekly Average	No. of cases	Weekly Average	No. of cases	Weekly Av.	No. of cases	Weekly Av.				
Resting Point	54	1.0	0.6	654	12.6	8.6	784	15.1	9.2	94	1.8	1.4	1,586	30.5	1,030	19.8
On Road	64	1.2	1.2	677	13.0	17.4	893	17.1	21.8	88	1.7	2.1	1,722	33.1	2,216	42.6
Sub Total	118	2.3	1.8	1,331	25.6	26.0	1,677	32.2	31.0	182	3.5	3.6	3,308	63.6	3,246	62.4
Central Station (9 weeks only)	77	8.6	—	203	22.6	—	247	27.4	—	80	8.9	—	607	67.4	—	—
Ellbroad Street (43 weeks 1966)	182	4.2	3.7	631	14.7	14.8	777	18.0	18.3	220	5.1	5.9	1,810	42.1	2,223	42.7
Fishponds	106	2.0	2.3	299	5.8	5.4	368	7.1	7.2	137	2.6	3.0	910	17.5	927	17.8
Hempflow (46 weeks 1966)	131	2.8	2.6	359	7.8	8.1	477	10.4	9.7	141	3.1	3.3	1,108	24.1	1,233	23.7
All Stations	496	9.5	8.6	1,492	28.7	28.3	1,869	35.9	35.2	578	11.1	12.1	4,435	85.3	4,383	84.3
Other	—	—	—	38	—	—	27	—	—	3	—	—	68	—	—	—
Total	614	11.8	10.5	2,861	55.0	55.6	3,573	68.7	66.7	763	14.7	15.8	7,811	150.2	7,731	148.7

TABLE 3

EMERGENCY AMBULANCE SERVICE

TIME TO SCENE FROM RECEIPT OF CALL

PERCENTAGE OF CASES

<i>Vehicles responding from</i>	<i>Within 9 mins.</i>		<i>Within 14 mins.</i>		<i>Within 19 mins.</i>		<i>Within 24 mins.</i>		<i>Total Cases</i>	
	1966	1965	1966	1965	1966	1965	1966	1965	1966	1965
Resting Point	70.8	89.4	91.6	97.1	98.7	99.3	99.0	1,586	1,030
On Road	74.0	92.0	91.2	97.2	97.2	99.2	99.4	1,722	2,216
Central Station	73.0	90.9	—	97.5	—	99.0	—	607	—
Ellbroad Street	77.7	92.5	92.8	98.5	98.1	99.6	99.5	1,810	2,223
Fishponds	71.2	90.3	89.6	96.7	96.3	98.7	98.5	910	927
Hemploew	66.5	91.2	90.3	97.2	97.5	99.5	99.2	1,108	1,233
Other (including car docks)	54.4	86.8	85.6	97.1	94.3	98.5	98.2	68	102
All cases	72.6	91.2	91.2	97.5	97.5	99.3	99.2	7,811	7,731

TABLE 4

EMERGENCY AMBULANCE SERVICE — TIME TO REACH DESTINATION FROM RECEIPT OF CALL

(Percentages are cumulative)

(EXCLUDING ROUTINE MATERNITY CALLS)

<i>Area of Incident</i>	<i>Under 20 mins.</i>		<i>Under 30 mins.</i>		<i>Under 40 mins.</i>		<i>Under 50 mins.</i>		<i>Under Hour</i>		<i>Total Cases</i>	
	1966	1965	1966	1965	1966	1965	1966	1965	1966	1965	No.	No.
North West ...	2.6	3.4	15.8	17.4	43.7	49.5	72.0	76.2	87.7	91.6	961	999
North East (inc. Glos.) ...	8.9	10.3	45.3	47.8	77.1	81.1	90.3	92.3	95.1	97.3	767	783
North Central ...	10.2	11.4	46.9	51.2	81.1	83.8	93.3	94.4	96.5	97.6	2,967	2,819
South Central ...	7.1	7.0	40.3	42.0	77.3	79.6	91.1	93.5	95.4	97.3	1,315	1,356
South West (inc. Somerset) ...	0.6	0.7	8.9	9.8	41.4	40.8	74.0	74.3	90.1	90.4	1,247	1,239
South East ...	1.1	1.9	12.1	14.0	44.6	48.2	75.1	77.0	90.1	91.2	554	535
<i>Location of Vehicle</i>												
Central Station ...	7.1	—	36.2	—	65.5	—	84.1	—	93.0	—	607	—
Ellbroad Street ...	8.7	9.9	36.8	40.4	68.0	71.7	86.0	87.7	93.1	95.2	1,810	2,223
Fishponds ...	5.6	5.7	38.6	41.7	73.3	77.0	89.6	89.8	94.4	96.2	910	927
Hemploew ...	1.4	1.8	19.0	20.5	56.4	58.2	81.6	84.6	93.1	93.4	1,108	1,233
Resting Point ...	6.0	7.1	33.6	38.3	65.8	72.1	85.7	87.3	93.7	95.2	1,586	1,030
On Road ...	8.1	8.0	35.3	36.3	69.7	68.2	86.7	87.7	94.5	95.6	1,722	2,216
All Cases ...	6.4	7.1	33.2	35.7	66.5	69.1	85.6	87.3	93.6	95.2	7,811	7,731

CARE AND AFTER-CARE

CARE OF THE AGED

J. F. Skone
(Deputy Medical Officer of Health)

Statutory Services

HOUSING COMMITTEE

Most bed-sitting room and one bedroom flat accommodation is occupied by elderly people, and details are given below:—

(a) Pre-War Estates

During the year one house was converted to make two flats, making a total to date of 141 house conversions providing 282 units of accommodation.

(b) Post-War Programme

By the 31st December, 1966, 3,839 one bedroom and bed-sitting room flats had been completed. The units completed during 1966 were distributed as follows:—

<i>Location</i>					<i>No. Units</i>
Ashton	...	...	...	...	41
Barton Hill	...	...	...	...	20
Bedminster	...	...	...	...	86
Easton	...	...	...	...	64
Fishponds	...	...	...	...	10
Knowle	...	...	...	...	40
Lockleaze	...	...	...	...	12
Oldbury Court	...	...	...	...	12
Redcliff	...	...	...	...	5
Redfield	...	...	...	...	24
Redland	...	...	...	...	9
St. George	...	...	...	...	67
Southmead	...	...	...	...	12
Speedwell	...	...	...	...	21
Withywood	...	...	...	...	93
					516

The dwellings at Fishponds, Oldbury Court, Redland, St. George and Southmead were built specifically for occupation by elderly persons, and altogether 190 out of the total of 516 (37 per cent) were purpose built elderly persons dwellings.

There are 347 one bedroom units of accommodation under construction, 149 (43 per cent) of which are specifically for elderly persons.

(c) Proportion of Small Units of Accommodation

					<i>1 Bed and B.S.R. Flats</i>	<i>Total Number of Dwellings</i>	<i>Percentage</i>
Pre- and Post-War	...	...	...	...	4,413	42,247	10.4
Post-War	...	...	...	...	3,839	27,363	14.0
Contracts scheduled to be completed in 1967	...	...	...	...	387	(1967 only) 983	39.0 (1967 only)
Projected Totals as at 31.12.67							
(Post-War)	...	...	...	...	4,226	28,346	15.0
Contracts scheduled to commence in 1967	...	...	...	...	181	677	27.0

Included in the figure of 387 is a total of 189 dwellings being built specifically for elderly persons. The figure 181 includes a total of 12 elderly persons' dwellings, these being included also in the figure of 387.

Sheltered Housing

In January, 1966, the City Council approved a joint report from the Housing Committee and Welfare Services Committee regarding provision of welfare facilities for tenants of Elderly Person's Dwellings under the control of the Housing Committee. One of the major factors in the services to be provided by the Welfare Services Committee is the provision of Wardens in suitable units of accommodation. The Welfare Services Committee have since given considerable thought to this and as a general rule intend to provide a Warden where there are more than 10 units for elderly people. This figure is not to be regarded as rigid but as a general guide.

The accommodation with which the Welfare Services Committee is now concerned will, apart from size, fall into three categories:—

- (a) Dwellings already built and occupied—which in due course the Welfare Services Committee may decide to equip with certain facilities and/or provide a Warden.
- (b) Properties already in course of construction, which when completed will not contain the amenities intended to be available eventually.
- (c) Future properties about which there has been inter-departmental discussion at the planning stage, so that upon completion they should be fully equipped and suitable for the aims and objectives of the Welfare Services Committee.

For some time theretofore, projects falling in each of the above three categories will require consideration from a staffing point of view.

In July the Committee submitted a report to the Establishment Committee seeking authority to appoint the first Wardens. The Establishment Committee gave authority for four such posts but requested further information as to the total staff implications involved.

There are already in existence 18 groups of Elderly Persons' Dwellings of which five comprise over 20 units. There are 12 groups being completed without special provision and a further 15 are being planned with special provision. Of this total of 45, some 14 groups will comprise over 20 units and the remaining 31 comprise between 11—20 units.

It is suggested that the provision of a resident Warden should in the first instance be limited to both existing and new groups of more than 20 units, and that as this work is cleared attention to be given to the similar groups of 11—20 units. On this basis the following schedule sets out the approximate number of Wardens that will be required in the current and ensuing years. It will be appreciated that some of this information must be approximate and that in the light of any particularly urgent need, some of the smaller units may be introduced at an early date but it is recommended that the Staff Sub-Committee accept this approximate programme and advise the Establishment Committee accordingly.

Up to March 1967 Should need :— (subject to suitable dwellings becoming vacant which can be subsequently allocated for the use of Wardens)	Hollidge Gardens	} existing }	8 of which 4 approved by Establishment Committee = 4 more needed
	P.E. House		
	Langton House		
	Primrose Close		
	Linden House		
	Goffenton Drive		
	Hillburn Drive	} being }	
	Peterson Square	} built }	

1967/68	Hareclive Road Collinson Road + 3 planned	} being built	} 5 needed
1968/69	for being planned	—	12 needed
1969/70	for " 11—20 " units initially omitted (20) for new projects say (5)		} 25 needed
			<hr/> 50 Wardens

The selection of tenants is a joint operation with social factors being fully considered. With the supportive services, many elderly people are enabled to live independently in the community.

WELFARE SERVICES COMMITTEE

The Welfare Services Committee is responsible either directly or through the agency of voluntary bodies for providing residential accommodation for persons in need of care and attention; services to handicapped people, including the blind and deaf, many of whom are old; safeguarding the property of people admitted to hospitals or other institutional accommodation; burials or cremations where no relative can assist; and meals to old and infirm people living in their own homes and the provision of club facilities for elderly people.

The details and capacity of accommodation provided under Part III of the National Assistance Act can be summarised as follows:—

*100 Fishponds Road	...	...	...	475
5 All Saints Road	...	...	...	17
119 Pembroke Road	...	...	...	20
159/161 Redland Road	...	...	...	22
9 Priory Road	...	...	...	21
"Gleeson House", Oldbury Court	...	...	...	45
"St. Peter's", Bishopthorpe Road	...	...	...	45
"Meadowsweet", Small Lane, Fishponds	...	...	...	197
"Hollybrook", Hartcliffe	...	...	...	54
Total				<hr/> 896

* Excludes temporary accommodation.

The Department supervises 26 homes for old people accommodating 543 residents registered under Section 37 of the National Assistance Act 1948, while 46 blind people live in three homes administered by Bristol Royal Workshops for the Blind.

Advice on health matters is given and administrative health arrangements are made by the Medical Officer of Health on behalf of the Welfare Services Committee and nine general practitioners provide general medical services for the residents of the Council's homes.

Mobile Meals

The mobile meals service is provided by the Welfare Services Committee, and delivered by the Committee's own staff, Bristol Old People's Welfare Incorporated, and the Women's Voluntary Service. By the end of 1966 3,500 meals per week were being provided, and delivery was on four days a week.

HEALTH COMMITTEE

The Health Committee is responsible for domiciliary services for many old people including:—

Chiropody Service

During 1966, the demand for chiropody continued as keenly as in previous years, and soon out-stripped the resources of the established staff. In clinics, the average interval between treatments was from two to three months. The waiting list for domiciliary treatment at the end of the year was some 80 cases, which involved a delay of 15 to 20 weeks before the initial visit could be made.

Foot treatment clinics are now part of the general health services of 14 clinics (including health centres) throughout the City. It is noticeable that greater efficiency and patient control is effected where a permanent chiropody surgery is established, as at Charlotte Keel Clinic. As against this, at those clinics and health centres where the chiropody service has to be moved about from room to room, the service is not efficient, and is frustrating to the practitioner. This points to the fact that future planning should include a permanent chiropody surgery at the drawing board stage, as to siting of service points, washing facilities, etc.

It has become apparent, due to the large number of deformities dealt with, that a permanent appliance workshop is a matter of high priority. This making of replaceable corrective or protective foot appliances is a normal procedure of chiropody practice, but has been neglected because no suitable room has been available. The few appliances supplied to the more urgent cases have been made by a member of the chiropody staff in his own home and the equipment, impediments and chemicals for this purpose, also kept there for lack of premises.

A permanent office and appliance room is now a matter of urgency to keep control of this fast growing service.

The total number of treatments given are as follows:—

Clinics (Section 28 cases)	...	...	...	19,002 treatments (1,148 new cases)
Domiciliary Visits (Section 28 cases)	...	...	...	7,887 treatments (682 new cases)
Welfare Service Homes	...	...	...	3,931 treatments (all residents)
School Health Clinics	...	...	...	5,068 treatments (1,004 new cases)
Total Treatments	...	...	...	35,888

Retirement Clinics

Dr. Patricia Thomas reports:

This year two retirement clinics have been running at St. George Health Centre and at Corbett House. At St. George 170 patients were seen from the following sources—and at Corbett House 143.

		New Patients						Old Patients			Total
		From Age/Sex Register			Referred by G.P.						
		M	F		M	F		M	F		
St. George ...	...	90	35	55	8	2	6	72	26	46	170
Corbett House	...	14	3	11	111	41	60	18	5	13	143

The most important findings during the year were the detection of two people suffering from diabetes, four from severe anaemia, (Haemoglobin below 50), two from early glaucoma and one from Grade I carcinoma of the cervix. The other findings are summarised in the following tables:—

NEW PATIENTS

						<i>St. George</i>		<i>Corbett House</i>	
						<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
1. Underweight	} Referred to Dietician	...	...	...	...	3	4	5	2
2. Overweight		...	...	...	...	5	15	7	16
3. Low T° < 95°		...	...	...	...	0	0	1	0
4. High B.P. > $\frac{170}{110}$	...	...	...	...	...	7	12	21	21
5. Low Hb. < 80%	...	...	...	...	...	2	7	5	3
6. Abnormal E.C.G.	(i) with symptoms	...	...	...	...	5	8	9	15
	(ii) without symptoms	...	...	...	...	0	1	1	2
7. Urine	(a) Ca.	...	...	...	...	19	37	19	25
	(b) Alb.	...	...	...	...	2	4	1	1
	(c) Sugar	...	...	...	...	0	2	0	0
8. Referred for Physiotherapy	...	...	...	...	...	9	12	4	4
9. Referred to Chiropodist	...	...	...	...	...	6	23	13	21
10. Referred to Optician	...	...	...	...	...	2	2	5	10
						(1 raised intra-ocular pressure)		(1 raised intra-ocular pressure)	
11. Hearing Defect	...	...	...	...	...	4	7	5	17
12. Referred to Hospital	...	...	...	...	...	2	6	0	1
13. Referred to Dentist	...	...	...	...	...	1	2	5	5
14. Chronic Bronchitis and Emphysema	...	...	...	...	...	7	1	16	1
15. Arthritic Conditions	...	...	...	...	...	2	22	4	22

OLD PATIENTS

			<i>St. George</i>		<i>Corbett House</i>		
			<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
1. After Physiotherapy	Improved		4	11	1	0	
	Not Improved		0	0	0	0	
2. Hb. After treatment for anaemia	Static		0	0	0	0	
	Raised		6	10	0	0	
3. Overweight after diet	Lost		8	11	1	5	
	Gained		1	7	0	0	
4. B.P.	Down		6	6	3	5	
	Up		0	0	0	0	
5. Underweight after diet	Static		0	0	0	1	
	Lost		0	2	0	0	
6. Chronic Bronchitis after breathing exercises	Gained		3	6	1	0	
	Worse		1	0	0	0	
7. Urinary Ca. after course of Calcium	Better		4	0	1	0	
	+		1	11	2	2	
	—		2	10	0	6	

Health Visiting Service

The special health visitors dealing with the sick and aged visited 1,854 new cases during the year which is approximately 200 more than in 1965. Rather more than one fifth of the new cases were suffering from strokes and a tenth from rheumatoid arthritis. These proportions are almost identical to those found in the previous year.

In addition to the new cases coming on to the books in 1966 there were 1,959 other cases visited for the first time during the year making a total of 3,813 patients visited either by the special health visitors or the welfare assistants who work with them.

Altogether 12,958 successful visits were made, including 6,301 by the welfare assistants who do not visit new cases.

A small number of old people also have some routine visiting by the district health visitors who, in 1966, made 699 such visits.

The following is a summary of cases visited for the first time in the current year:—

							<i>Males</i>	<i>Females</i>
1.	65 years of age and over	...	...	...	...	...	971	2,511
2.	Under 65 years of age	...	...	...	...	...	106	225
3.	Number in '1' visited at special request of G.P. or hospital	...						1,232
4.	Mentally disordered persons	...	...	...	...	...		10
5.	Number in '4' visited at special request of G.P. or hospital	...						10
6.	Persons discharged from hospital other than mental hospitals	...						323
7.	Number in '6' visited at special request of G.P. or hospital	...						308
Total number of household visits during the year								12,187

Home Help Service

At the end of the year there were 16 full-time and 688 part-time home helps, an increase of five full-time and 37 part-time home helps as compared with the previous year.

Home helps gave 645,193 hours of help during the year; 614,772 hours, or 95 per cent of all hours worked by home helps were devoted to the assistance of a total of 3,928 old and chronically sick people, an increase of 216 compared with 1965.

Home Nursing Service

There were 71 full-time and 10 part-time Queen's Nurses and 29 students trained.

A total of 203,130 visits were made during the year compared with 223,089 in 1965.

Laundry Service

The Laundry Service, organised by the Department, continued during the year, using the same facilities as in previous years. There was again a slight increase in the number of persons using the service and this is reflected in the number of articles laundered and the visits necessary to affect exchange. Transport for the collection of soiled linen and delivery of laundered sheets and gowns continued to be provided by the staff at the Disinfecting Station, whilst the actual laundering of the articles was carried out in the laundry operated at 100 Fishponds Road by the Welfare Services Department.

Details of the service were as follows:—

Number of visits	...	...	15,335
Articles laundered	...	...	39,644
Mileage	...	...	14,783

The number of persons for whom the service was provided was 550. Of these, 207 patients were transferred from 1965. In addition sheets and gowns were issued on temporary loan to 62 patients, but laundry facilities were not required.

The Health Committee contributed £350 to the Bristol Old People's Welfare (Voluntary) Ltd., towards the laundry service maintained by that organisation.

Night Watcher Service

The nightwatchers continued to give relief in the care of chronic sick persons. During the year 1,511 nights were covered as compared with 1,477 nights in 1965.

Samaritan Fund

Both income and expenditure were a little less than in the previous year.

The major proportion of the income again came from charitable bodies for specific cases referred to them for assistance.

Donations were received from the St. Martin's-in-the-Field Christmas Appeal (1965), £60, and Mrs. Adlen £5 5s. 0d.

Balance at 1st January, 1966	...	...	£	320
			£	
Income—Donations	...	...	65	
Patients & relatives	...	132		
N.S.C.R.	...	448		
Other bodies etc.	...	665		
				1,310
				1,630
Expenditure	...	...	...	1,314
Balance at 31st December, 1966	...	...		316

VOLUNTARY SERVICES

BRISTOL OLD PEOPLE'S WELFARE INCORPORATED

This voluntary body, which receives a grant from the City Council, provides the following services:—

Accommodation

“Anchor House” in conjunction with the Anchor Society—11 unfurnished flatlets with sitting-room and dining-room; lift; central heating. Mid-day meal provided.

“Beverley Cottage”, Burnham-on-Sea—a holiday rest home for 20 frail elderly people.

“Cote”—21 unfurnished flatlets and guest room for able-bodied elderly people in middle income group; lift; central heating. Mid-day meal provided.

“Cowlin House”—10 unfurnished flatlets similar to “Cote”.

“Cowlin House Rest Home”—adjacent to “Cowlin House”. Accommodation for 14 frail elderly people; own rooms; full board; central heating; lift. Communal sitting-room, T.V. room and dining-room. Trained nurse in charge.

“Dulverton House”—accommodation for 25 frail ambulant men and women; 15 single rooms; other residents share cubicled rooms. Trained nurse in charge; central heating and lift. Sitting-room, dining room and T.V. room.

"Hanbury Court", Hanbury Road, Clifton—14 self-contained flats, bed-sitting room, one bedroom and two bedrooms with own kitchens and bathrooms, etc. Emergency call system to "Cowlin House".

"New Cote Rest Home"—accommodation for 16 frail elderly people. Trained nurse in charge; central heating; sitting-room; television, etc.

"Restleigh", 3 Worcester Road, Bristol, 8—under re-construction as flatlets.

"Stockwood"—149 self-contained flats for elderly people on three sites with day room, launderette and warden services on each.

"Stratheden"—27 unfurnished flatlets for able-bodied elderly people. Lift. Mid-day meal provided.

Laundry Service

Laundry is collected from and delivered to approximately 150 old people living in their own homes, and washing is carried out in a launderette situated in the basement of "Stratheden".

Friendly Visiting

Volunteers help with shopping, mending, etc., of elderly people in all parts of the City.

Holidays

Convalescent holidays subsidised from voluntary funds are arranged annually for about 150 infirm old people and about 1,250 able-bodied elderly are sent for holidays in seaside hotels and guest houses.

Mobile Library

Fifteen volunteers take books by van to about 150 old people in their own homes. There is a stock of more than 1,000 books and a charge of 1d. per week is made towards transport costs.

Miscellaneous Services

These services include assistance with clothing; the loan of blankets; wireless for the housebound; the loan of sick room equipment; comforts; advisory service and the distribution of coal, fruit, flowers, firewood, etc.

Liaison Officer for Voluntary Visiting Services

This appointment is grant-aided by the Welfare Services Committee. The liaison officer—

- (1) acts as a link between all organisations in the City running voluntary visiting services for the aged; those in need of help and advice with helpful agencies, and those offering particular skills or voluntary service with those best able to utilise them;
- (2) disseminates information through frequent issues of the newsletter, "The Link";
- (3) organises coach trips and hospitality for those who are semi-housebound.

Clubs for Elderly People

The Bristol Association for Elderly People has established and equipped full-time clubs for old people and the administration is in the hands of the members of the clubs. They are opened daily, some opening in the morning but the majority at about 2 p.m. and remain open until about 9 or 10 p.m., according to particular activities. The entire emphasis is upon social activity which the Association believes is an extremely important service for elderly people. The Welfare Services Committee is keenly interested in this work and has made substantial grants towards new projects.

The existing clubs are as follows:—

Club for Elderly People ...	Recreation Ground, Sea Mills
" " " " ...	100 Fishponds Road, Bristol, 5
" " " " ...	Wick Road, Brislington
" " " " ...	112 Avonvale Road, Bristol
" " " " ...	Greystoke Avenue, Southmead
" " " " ...	Beechwood Road, Fishponds
" " " " ...	Princes Place, Gloucester Road
" " " " ...	Redcatch Road, Knowle
" " " " ...	Avonmouth Road, Avonmouth
" " " " ...	Romney Avenue, Lockleaze
" " " " ...	Tithe Barn Club, High Street, Shirehampton
" " " " ...	Burlington Road, Redland
" " " " ...	Broad oak Road, Withywood
" " " " ...	Machin Road, Henbury

The Princess Elizabeth Club was closed in December 1966 and a new Club is being built by the Welfare Services Committee in Myrtle Street, Bedminster. This new Club will be opened in April 1967.

Mobile Physiotherapy Service

Physiotherapists ...	3
Mobile Vans ...	3
Number of cases brought forward 1st January ...	60
Number of new cases attended during the year ...	290
Total ...	350
Patients recommended by Hospital Consultants ...	47
Patients recommended by General Practitioners ...	243
<i>Age Group</i> <i>New Cases</i>	
0—4	1
5—14	2
15—64	66
65+	221
Total number of visits to all cases ...	4,726
<i>Treatment given</i>	
Massage ...	1,879
Electrical ...	2,697
Exercises ...	3,209
Cost per visit ...	£1 0s. 0d.
N.B.—Average amount received from patients ...	3/-

The treatment is recommended by general practitioners, orthopaedic surgeons and hospital consultants.

Where patients are referred by hospital consultants a fee of 15/- is paid by the Regional Hospital Board. Otherwise there is no fixed charge and patients contribute according to their means.

Contributors to the Bristol Hospitals Fund and the Bristol Contributory Welfare Association may claim limited payment for mobile physiotherapy treatment. W. D. & H. O. Wills, through their employees' health scheme continue to give active support to the service.

CARE OF HANDICAPPED PEOPLE (ADULTS)

Local Health Authority Services

REPORT OF THE SENIOR MEDICAL SOCIAL WORKER, Marion Moncaster

Social Workers in the Care and After Care Section have been predominantly concerned during the year with patients suffering from long-term and deteriorating conditions, whose illnesses give rise to social problems, either personal, occupational or financial, or a mixture of all three. Where this is needed, they and their families are given help to come to terms with the illness and to adjust the family income, where necessary, to an inevitably lower standard because of loss of earning capacity. They are also helped in some cases to accept the change in role and responsibility which follows the wife becoming the bread-winner instead of the husband. For some, the experience of illness brings to light or accentuates difficulties of relationships between husband and wife or parents and children which have not been apparent before because each member of the family has been better able to maintain a satisfactory social life. Help is often needed to enable these people to cope with their own feelings of guilt and frustration.

At St. George Health Centre the work of the Social Worker is with a group of people who are either presenting their anxieties in the form of symptoms of illness to their general practitioner or who have difficulties of employment, or of domestic or financial troubles during acute illness and this gives an opportunity for preventive work in conjunction with other members of the Health Department working from the Clinic, who share responsibility for the care of the patient. The close proximity of workers and general practitioners to each other enables the patient's needs to be fully understood by those who are concerned with his wellbeing and for him to be given whatever help and support is required at the point of crisis or at the stage at which the first symptoms of social distress appear.

Case work with patients involves the giving of practical help in many cases and Social Workers have cause to be grateful for the generosity of local voluntary societies which permits them to give practical assistance. Many patients attending Chest Clinic are aided by the Tuberculosis Voluntary Care Committee and others by the many other charitable and dispensary funds which exist in Bristol to provide for the relief of distress.

THE BLIND AND PARTIALLY SIGHTED

Examinations for the registration of Blind and Partially Sighted are arranged through the Welfare Services Department and carried out at the Eye Hospital or Consultants' Rooms. Six consultants co-operate in this scheme and undertake domiciliary visits as necessary.

During 1966, 218 persons were seen at home or attended the clinic;

145 were registered as blind;

44 were registered as partially sighted;

29 were not applicable to either register.

The diseases causing blindness or partial sight were as follows:—

	<i>Cataract</i>	<i>Glaucoma</i>	<i>Macular Degeneration</i>	<i>Other</i>
Blind	31	21	39	54
Partially sighted ...	15	10	10	9

Six children were placed on the register with the following diagnoses:—

3 Optic atrophy	Blind
1 Optic atrophy	Partially sighted
1 Congenital cataract	Partially sighted
1 Compound myopic astigmatism	Partially sighted

Patients are referred through the usual channels and the Register of Blind and Partially Sighted is kept by the Welfare Services Department.

BRISTOL TUBERCULOSIS VOLUNTARY CARE COMMITTEE

The Secretary, Miss M. Grigg, reports as follows:—

In viewing the work of the Care Committee for the last year, it is felt that the action taken in extending the activities to cover other diseases of the chest and heart has been amply justified, and again this year, the help extended to people suffering from diseases other than tuberculosis has far exceeded that given to the tuberculous.

The caravan holiday arrangements were most successful and already approximately 180 adults and children have benefited by this sort of holiday. A further caravan has now been purchased which will mean that in the coming year it will be possible to help a far greater number of people.

As in former years, Christmas parcels were delivered a few days before Christmas, and each family also received 2 cwts. of coal.

The Committee have participated in the Christmas Seal Sale since 1938, but have felt for some time that the general public must be very troubled with the many appeals they receive at Christmas time. The Committee therefore did not participate in the Seal Sale this year, but instead had a Book-Mark printed, which will be on sale all the year round. Although the Book-Mark was not available until three weeks before Christmas, the sum of nearly £100 was received by the 31st December 1966. It is the sincere hope of the Committee that this venture will have the support of the many people who have helped them over the years, and they further feel confident that this new way of raising money will greatly appeal to their many sympathisers.

SERVICES PROVIDED BY VOLUNTARY ORGANISATIONS ON BEHALF OF THE WELFARE SERVICES COMMITTEE

(a) Blind and Partially Sighted

The General Superintendent of the Bristol Royal Workshops for the Blind, Mr. E. H. Getliff, O.B.E., has sent me the following notes:—

The Bristol Royal School and Workshops for the Blind continue to provide facilities for many blind persons with the assistance of a number of local authorities.

The reduction in numbers of pupils at the School has continued throughout the year and there are now 48 educationally blind pupils between the ages of five to 16 years in residence and attendance at the Bristol Royal School for the Blind. Those pupils who do not move on to the Grammar Schools for the Blind, or the Royal Normal College for the Blind, leave the Bristol School at 16 years of age or thereabouts for a period of vocational assessment at one of the centres, either Hethersett, Reigate, Surrey, or the Royal Institution for the Blind, Court Oak Road, Harborne, Birmingham. The aim of these centres is to assess the vocational potentials of the pupils and recommend further training and placement in open industry.

The Bristol Royal Workshops for the Blind provided employment to 81 blind or severely disabled sighted persons during the year. Sales again reached a high figure. Technical training was provided to three adult persons throughout the year. The Light Engineering Department is progressing. Some £25,000 capital outlay on new machines has been undertaken during the last year and a half. Consideration continues on other forms of employment for blind persons in the workshops. These considerations are taking place in close association with the Ministry of Labour, local authorities and The Industrial Advisers to the Blind Ltd.

The Home Workers Scheme was administered and operated from the Workshops for the Blind in five counties, some 66 blind men and women being supervised under the scheme. With the home workers' gross sales amounting to £20,700 during the year, and average earnings £4 19s. 4d. per week, the scheme enjoyed a very successful year. Rates of augmentation are £6 10s. 0d. per week to men and £6 0s. 0d. to women in some counties, while other authorities are paying less rates of augmentation. National consultations are taking place regarding the whole position of home workers' schemes.

The Hostel for Blind Women provided resident accommodation to seven women employed in the Workshops for the Blind and eight retired workers and one trainee. The Three Homes for the Blind, though being 'run down' under local authority decision, continued to provide specialized Homes accommodation for some 38 elderly blind men and women residents.

(b) Persons Handicapped by Deafness

The Rev. S. W. Hartnoll, B.A., B.D., Principal Welfare Officer for the Deaf, Bristol Institute for the Deaf, has sent me the following notes:—

For persons in Bristol who suffer from "a disabling loss of hearing", specialised welfare services are provided by Bristol Institute for the Deaf. This is a voluntary society and part of its income is from voluntary sources; but it is the agent of the Corporation of Bristol for the purposes of the National Assistance Act, 1948. An annual grant is made through the Welfare Services Committee.

The Society also serves a number of people living in Somerset and Gloucestershire and receives grants from these County Councils, but it is mainly concerned with Bristol.

The Society provides a comprehensive welfare service under two main headings—casework with individuals and families, and a wide range of social activities.

The primary aim of the Society is to help persons handicapped by deafness to find a secure place within the community. But the strain of deafness in a hearing environment is considerable and so the secondary aim, not opposed to the primary

aim, but in harmony with it, is to provide at the Institute opportunities for recreation and facilities for worship and for the service of other people.

The Society has an excellent building for these purposes at 16—18 King Square, Bristol 2. This is conveniently placed, not far from the centre of Bristol.

Relationships with other agencies have continued to be cordial. This is particularly so, of relationships with the Welfare, Health and Education Committees of local authorities. Details of the Bristol Registers on 31st December 1966 are as follows:—

<i>Age</i>	<i>Sex</i>		<i>Deaf with speech</i>	<i>Deaf without speech</i>	<i>Hard of hearing</i>	<i>Totals</i>
Under 16 ...	Male ...	...	6	24	58	88
	Female ...	...	4	18	50	72
16—64 ...	Male ...	...	50	79	69	198
	Female ...	...	52	76	85	213
65 & over ...	Male ...	...	1	17	53	71
	Female ...	...	3	19	110	132
TOTALS		...	116	233	425	774

A member of the Institute's staff, the Rev. D. H. Bozon, M.A., acts as Secretary of the Bristol & District Deaf Children's Society. All meetings are held at the Institute.

The Society is affiliated to the National Deaf Children's Society.

Its purpose is to provide a meeting-place for parents and others—doctors, teachers, social workers, friends—who are interested in the welfare of children with a hearing handicap.

MEDICAL SOCIAL WORK IN A SPECIAL TREATMENT CLINIC

Margaret Bottoms
(Social Worker)

The Social Worker held a total of 575 interviews during the year, 347 with male patients and 228 with female patients. Many more men than women were seen, this following the usual pattern, for men, having obvious symptoms in the case of Gonorrhoea, attend for examination more readily. These interviews revealed that a large number of patients had intercourse with strangers at the first meeting. Reasons for this vary from person to person, but some factors are noticeable owing to frequent recurrence. One is the drinking of alcohol. At least one-third of male patients had either met their contact at a public house or licensed club or had been drinking before the meeting. Another factor with men is the nature of their employment, a recent count at the Clinic showing that 35 per cent had jobs taking them away from home, thus causing separation from families and friends, and also providing opportunities for casual contacts. Loneliness and insecurity are other factors. The easiest places to make acquaintances are public houses and cheap cafes, and lonely people often frequent them. In such cases the Social Worker tried to help by finding out patients' interests and hobbies and encouraging their pursuit.

Among young women a noticeable group is those coming from unhappy homes. Those who have already severed their connection with home are particularly

vulnerable, as, having little money left after paying the high rents for flats and bed-sitters, they gravitate to cheap cafes and public houses for company and entertainment. They tend to make liaisons with lonely unstable men, rarely leading to marriage.

Some young women had already been married, the marriage had broken up, and they were looking for security which was usually not available from their family. These patients too, tended to make unsatisfactory liaisons, and if they had children, greater problems arose. One such girl, whose cohabitee had just been discharged from prison, was told by him that she must choose between the children and him, and was only given a few days to make the decision.

Where possible the Social Worker discussed the whole situation with the patient, encouraging especially the regaining of self respect. Some help was given with immediate problems, this being followed in a few cases by long term supportive help, although this was limited by a tendency for patients to move out of the area. An example of an immediate problem is the necessity for the cohabitee to attend for examination and helping the patient to face up to telling them this, which is a delicate matter when it involves admitting intercourse with a third person. Encouraging the patient to achieve financial independence, even if cohabiting, by getting a job, is another way help was given. A case needing long term supportive help involved an attractive older lady named three times as a contact. Her marriage had broken up, relationships with her three children were unsatisfactory, her health poor and she had little money. She was leading a very promiscuous life and was often exploited by her consorts, to whom she sometimes gave money although in such straitened circumstances herself. Supportive help was given by:—

1. Allowing her to talk at length about her problems, and through discussion helping her to recognise how these were frequently related to her own behaviour, especially to her over-trusting attitude towards strange men. Other points discussed were the probability of the development of a better relationship with her children if she led a more normal life, and the importance of regular employment not only as a help towards solving her problem of loneliness, but also in giving financial independence.
2. Co-operating with the Mental Health Department, there being a history of mental illness.

In trying to find socially acceptable ways for young patients to make friends, the Social Worker soon learnt that Youth Clubs had no appeal, partly because they felt they were too old for them, and partly because the sort of activity provided was too dull.

Patients helped each other in some cases, and it was interesting to find an older woman with a past history of periodic bouts of promiscuity, and now about to make a second marriage, helping a younger woman by taking her into her own lodgings, advising her to keep away from the Port, and teaching her to cook and sew.

Talks were given by the Social Worker to student nurses at the Bristol Royal Infirmary, and to Health Visitor students at Cheltenham.

The V.D. Voluntary Care Committee made a monetary grant as in previous years, which was used by the Social Worker to help patients in emergencies and to provide Christmas presents for children of needy patients.

BRISTOL CORPORATION OCCUPATIONAL HEALTH SERVICE

J. W. Markham
(Senior Medical Officer, Occupational Health Service)

Policy

The general policy in this second year of the service was unchanged. The main problem in this phase was the large number of employees to be served and the complexity of the Corporation's organisation, and the resulting task of making the service and its uses known and getting to know personalities and jobs. The policy, and approach to occupational health concepts were explained at meetings of the Health Committee, Chief Officers, Medical Officers, the Local Medical Committee, Medical Students; by a contribution to the staff newspaper; and by the reading of a paper by the Senior Medical Officer at the Royal Institute of Public Health & Hygiene Conference at Scarborough. Departments were visited, jobs were watched, and some were personally experienced, and First Aid classes were used to get to know medically interested people at all levels.

Staff

The staff remained as before, with the following additions: Dr. A. J. G. Dickens carried out occupational health work in the Port, in association with the Senior Medical Officer (Port Health), Dr. Febry. Dr. R. E. Midwinter assisted with the City Engineer's and Transport and Cleansing Departments, and Dr. K. E. Faulkner carried out work in the libraries and the offices of certain departments in the Council House. Each spent about half-day a week on the work.

Personal Consultations

Three hundred and forty-one personal consultations by appointment, averaging half an hour each, were carried out by the Senior Medical Officer, and others were arranged at short notice. The number includes some return appointments and certain employment medical examinations where problems were expected. Many of the consultations were, of course, followed by discussions with others and investigation of the work situation. Individual cases seen cannot be quoted in this report for obvious reasons. However, some of the general types of problem which commonly occurred during the year were similar to these:—

- (1) A labourer had a health problem, and his doctor said he was fit for "light work". His employer could not help him unless he had some informed idea of just what he could or could not do, and unless he knew whether the disability was likely to be permanent or not. His doctor needed a way of obtaining an accurate knowledge of the medical aspects of the workplace.
- (2) A man felt that he was no longer able to cope with his present work for health reasons and wanted confidential guidance concerning his future work and help in finding it, from within the organisation.
- (3) A man had a disability and neither he nor his employer were sure whether his work would in consequence be bad or dangerous for him or for others.
- (4) A doctor who would have perhaps been willing to "sign his patient off" after illness, because he wanted to go back to work, was not sure whether the work was beyond him and whether it could temporarily be modified.

- (5) An employee anticipated that health breakdown might occur shortly and wished to make plans for his family's future. Advice to an individual concerning sick pay or pension entitlements could be given in co-operation with the City Treasurer, coupled with discussion of how financial loss could be avoided or minimised.
- (6) An industrial injury, where compensation may be involved. Staying away from work too long might in some cases delay recovery, or even produce permanent disability. Yet the patient's own doctor can hardly contact his workplace in some such circumstances even in the interest of his health. A medical "go-between" can minimise damage to the individual if his motive is the patient's interest, and if he can fully preserve confidences. Oddly enough, the employer's financial losses tend to be reduced, as well as the employee's.
- (7) Co-operation with the general practitioner in recognising and treating a socio-medical problem such as alcoholism or anxiety, or the management of a man with inoperable cancer and failing morale.

Liaison with the Family Doctor

This is vital for successful occupational health work, and therefore it is encouraging that a very helpful and positive attitude has been displayed on the whole by general practitioners. This is especially so, as the number to be dealt with in Bristol is too great, (approximately 250), to build up personal acquaintanceship with more than a few.

A random sample was taken of letters concerning separate cases, written to general practitioners in 1966, asking for information or guidance concerning their patient's occupational health problem. To 35 letters written to 33 general practitioners, written replies were received from 29, and one telephoned. Of the five "non-replies" all could perhaps be accounted for by the nature of the cases, as in each a reply was only really demanded if the doctor required us to take positive action. For example, one patient was an elderly man badly crippled by arthritis for whom we could suggest no possible alternative work, so his doctor was asked as a rather forlorn hope whether he could make any suggestions from his greater knowledge of him.

This sample confirmed the impression of very full co-operation by general practitioners, especially in view of their generally heavy work loads and limited secretarial help.

Assistant Medical Officers

Employment Medical Examinations were in general done by assistant medical officers working on a sessional basis. There were approximately 3,900 initial medical examinations, plus approximately 280 periodic ones.

Medical Social Worker

The Medical Social Worker and Senior Medical Officer studied small cross sections, in depth, of employees in the City Engineers and a section of the Health Department, and confirmed the view that the appointment of a full-time social worker will be well justified by the number and nature of cases needing her help when the communication problem can be solved. She has understandably found considerable

difficulty in yet making sufficient personal contacts with departmental or section heads and trade union officials, in order to find a sufficient proportion of those needing help, at a sufficiently early stage.

Accommodation

At the beginning of the year the Medical Social Worker's office was far removed from that of the Senior Medical Officer and the medical records clerks were separate again. The section was moved in order to use three adjoining rooms. This was expected to be easier for patients, to help communications, and to avoid the need to move personal records outside the offices.

While the accommodation is cramped and tends to be cold in winter, the move has been very beneficial. It is still necessary to book an examination room in advance in order to examine a patient and this inhibits informal consultation. This may be corrected when more accommodation is available.

Administrative Arrangements

Medical Examinations

The City Council formally decided in February 1966, after the recommendation of the Medical Officer of Health to the Occupational Health Committee, that admission to the Superannuation Scheme should not be dependent upon passing a medical examination. It has been shown that this examination did not save money and there was, therefore, no point in depriving certain individuals of pension, who were medically fit to do their jobs. It remained the policy to carry out medical examinations of new employees to determine personal and group health "base-lines" and in order to advise on job suitability. This role will be helped by the elimination of the pension aspect.

Alternative Jobs

A meeting of chief officers was held to discuss mechanisms for seeking alternative jobs for those with health problems affecting work, so that they could remain productive and keep earning. It was generally agreed that steps should be taken to improve such arrangements for manual workers; following this, discussions with individual departments and a study of procedures in other organisations were carried out. It is clear that a good deal of medical job analysis will be required to assist speedy resettlement. The number of successful resettlement cases dealt with by the section increased steadily.

In the two years 1965 and 1966, 24 cases were considered satisfactorily resettled in new jobs for medical reasons. The rate of these resettlements had more than doubled at the end of 1966 compared with that for 1965, but the figures are too small for such rates to be statistically significant.

Rehabilitation

Two departments decided, in individual cases, to allow part-time return to suitable work, after absence through illness at our recommendation and under our supervision. This was done in order to accelerate and promote recovery. It is hoped to extend this practice, with suitable safeguards.

Liaison with the resettlement clinic at the Bristol Royal Infirmary was developed and facilities have been given to refer cases direct to the occupational therapy department if the patient's own doctor agrees.

First Aid

Three primary First Aid courses were given; one for office workers from a variety of departments, one for manual workers and museum staff, and another for a group of teachers from the Technical College. Groups of school meals supervisors, health visitors and students and domestic science teachers were given instruction in resuscitation. The St. John's Lay Instructor's Course was supervised and the first Bristol Civil Defence "Higher" course given (in practice these courses contain a high proportion of Corporation workers). A First Aid room was equipped and furnished in the workshops at Albert Road according to our recommendations and staffed by one of our trainees.

Education Department

Teachers

Teaching was carried out or observed in all main categories of school in an effort to gain insight into the nature of the work, to build up a background of knowledge on which to base occupational health advice. As a result discussions were held with the Department of Education and Science, schools inspectors, a senior educational psychologist and many senior and junior teachers. These confirmed the impression that rehabilitation methods should be instituted in which the teachers' interests could be specially catered for. Conditions should be created in which, where necessary, a study could be made early of individual problems related to work in school. Further background knowledge should be built up by the Occupational Health Section.

The health regulations which have been framed to protect the school child from the teacher suffering from gross or dangerous mental illness, make it hard to help the teacher with a minor benign neurosis of a common type such as anxiety; this is a pity even from the employers viewpoint, as some of the most creative and sympathetic of people can be thus afflicted at times.

Transport and Cleansing Department

Analysis of certified cases of sickness of more than a month in 1966 showed the total number of months lost through "chronic bronchitis" as about a third of those from all other causes. This pointed to the need for a comparison of causes of premature retirement through ill health in different occupations. This has been started but is complicated by, among other things, the need to investigate the occupational history of each case; as a man who retired as, for example, a road sweeper might not have done this job for the whole of his life.

An experiment was made of instituting the system of naming a "First Aid Officer" to be responsible for such arrangements within the Department.

Vitalograph tests were done on refuse collectors as a small pilot scheme, in order to plan for a general screening of groups of employees exposed to dust in their work. Preliminary plans were made for such screening.

City Engineer's Department

Workers in Sewers

Last year's report mentioned that the frequency of mild attacks of Weil's disease should be established among such workers. 99 men considered, in general, to have the greatest degree of exposure to infection in sewers were asked to volunteer to give blood specimens and 94 did so. The results are not yet complete but provisionally

indicate, so far, that such infection is uncommon in Bristol sewer workers (unlike the experience in Glasgow sewermen as described by Bell in 1952).

Road Makers

The men who handled bitumen were examined by Dr. Midwinter to look for any effects similar to those caused by pitch. He found no such effects. We have not yet measured the degree of exposure of the men to the substances.

The Fire Service

Fire Officers and Junior Firemen

Condemned houses are sometimes used for practice purposes, after igniting, for example, a sofa in a front room with sealed windows ("fire-logging"). This gave an opportunity on two occasions to measure carbon monoxide concentrations in different parts of the house using Draeger tubes. Values of up to 2,200 p.p.m. (this was at the top of the stairs within the first hour, well away from the sealed burning room), were obtained. This constituted a toxic level (22 times the "maximum allowable concentration"). Some insight into the fireman's job was acquired.

Blood samples were taken before and after exposure in two men intermittently exposed in various parts of building for total periods of 22 and 51 minutes. They showed no serious rise in carboxyhaemoglobin levels though the relative inaccuracy of the measurement method is not suited to use with low concentrations. Nevertheless it was clear that the periods of exposure of supervisors of such training ought to be limited; failing this, they should wear breathing apparatus. An interest was taken in the training of cadet firemen, including measurement of airway resistance before and after acute exposure of smoke near the limits of tolerance. All showed minimal changes.

Miscellaneous

Other jobs studied included those of building workers, car park attendants, office, library and day nursery workers, and those in the College of Further Education and in Avonmouth sewage works.

Work done in Occupational Health outside the Corporation

The Senior Medical Officer was appointed Joint Secretary of the Bristol Advisory Council for Occupational Health and also organised a monthly occupational health journals club and lunch for industrial and Corporation medical officers. Help was given to certain private employers with advice on an unofficial basis.

Other responsibilities of the Senior Medical Officer

The supervision of the medical aspects of Civil Defence was undertaken. This included study of the Aberfan disaster, a fortnight's work at Varto following the Turkish earthquake with the Bristol Civil Defence/Oxfam team, and preparation with others of the answer to the study "Exercise Grass Seed". Responsibility for overall surveillance of problems of radioactivity was maintained.

Conclusion

The main effort of initial "reconnaissance" and getting to know people neared its end. Maintenance of awareness of the working conditions will still need a continuing effort. Specific problems which need investigation and action have been highlighted.

Informal consultations are becoming more and more common and liaison with the family doctor progresses well.

In the next phase analysis of causes of sickness should, if possible, be investigated more widely.

ENVIRONMENTAL HEALTH SERVICES

G. J. Creech, M.B.E., C.St.J., F.R.S.H., M.A.P.H.I.
(Chief Public Health Inspector)

REPORT TO THE MEDICAL OFFICER OF HEALTH

I have pleasure in submitting my report upon the work of the Environmental Health Services Division for the year 1966, being my third annual report.

My last report recorded a substantial increase in the work as reflected in the number of visits made, but a further increase of over 8,000 during 1966 has given us a record total of 108,053 visits. Visits to food premises increased from last year's total of 3,301 to one of 6,473. There have also been increases in the number of visits to factories and outworkers (+1,579) and in connection with work under the Housing Acts (+137).

1966 has been the first year in which organised general inspections under the Offices, Shops and Railway Premises Act have been possible and it is gratifying to note that no less than 2,974 general inspections have been made in a grand total of 8,638 visits. These inspections have revealed that less than 10 per cent of premises were found to comply fully with the Act on the first inspection and of approximately 2,700 premises found not to comply, 1,776 had been brought up to standard within three months. In view of the fact that this was new legislation, with a significance not always fully appreciated at first, this result may be regarded as satisfactory.

STAFF

The burden of work required to be carried out by officers of local authorities as a result of the passing of the Offices, Shops and Railway Premises Act brought to the fore the serious national shortage of qualified public health inspectors and finally resulted in the recognition of technical assistants. It was planned that men of suitable calibre, qualifications and experience, but not qualified as public health inspectors, should be employed to assist public health inspectors by carrying out routine work under supervision. This idea was not welcomed unanimously, but it received the blessing of the Association of Public Health Inspectors and it was agreed to employ such persons in Bristol. Twelve technical assistants were appointed early in 1966 and have proved of real value to the inspectors. Six were allocated to general district work, four were detailed for offices and shops work and two for clean air survey work, each being under the direct supervision of a senior inspector. We had undoubtedly made a wise choice, a necessary pre-requisite, but as far as our experience has gone we are quite satisfied with the success of this experiment.

During 1966 we have been able to retain the services of those of our students who qualified during the year and we were also able to appoint two qualified inspectors from outside the City. The staff position has thus eased considerably and this, of course, is one reason for such a fine increase in the amount of work accomplished.

Once again I am pleased to be able to speak in the highest possible terms of the loyalty and support I have enjoyed from every member of the staff throughout the year.

I would also wish to place on record my appreciation of the help and support you have personally afforded me at all times and to express my thanks to the Chairman and members of the Health Committee for their continuing courtesy and the interest they have taken in the work of this division.

GENERAL ENVIRONMENTAL HEALTH WORK

SUBMISSION OF PLANS

This year 649 plans have been sent to us by the City Engineer and Planning Officer. The district inspectors and specialist officers often spend considerable time in examining and checking plans having reference to the work of various sections of the department and they are conscious of the value both to the applicant and the inspector of this liaison with the City Engineer. The figure of 649 represents an increase of 156 over 1965.

SEWERAGE AND SEWAGE DISPOSAL

Work was continued on the construction of the new trunk sewer system designed to intercept discharges of sewage into the river Avon and to direct sewage flow to the treatment works at Avonmouth. In October the treatment works brought into operation the hot sludge digestion process and the sewage from 67,000 of the population was being dealt with. It had been hoped that during the year sewage from 270,000 of the population would have been flowing to the treatment works but difficulties were experienced which prevented this; however it is expected that early in 1967 the works will be accepting the sewage from more than half the population of Bristol in addition to the sewage from the adjacent Urban and Rural District areas of Kingswood and Warmley.

There has been a small reduction in the number of premises within the City not drained to sewers. The total number of premises discharging to septic tanks or cesspits now stands at 334.

THE PET ANIMALS ACT, 1951

Routine inspection of all pet shops in the City is carried out by the Corporation's Veterinary Officer together with the Deputy Chief Public Health Inspector to ensure that conditions laid down in the annual licences are complied with. Such conditions relate, in the main, to the health and welfare of the animals in the shops; the premises are also subject to frequent inspection to maintain the high standard set. The number of pet shops licensed during the year was 30. Legal proceedings were instituted in respect of one shop when the occupier contravened the conditions of his licence.

THE ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

Three licences were renewed on receipt of favourable reports from the Veterinary Officer.

THE RIDING ESTABLISHMENTS ACT, 1964

There are two riding establishments in the City. Both were inspected and in one extensive improvements were commenced on the advice of the Veterinary Officer.

HOSTELS (common lodging houses)

Three hostels, run by The Salvation Army (2) and The Church Army, have been found very satisfactory. Our thanks are due to the Officers in Charge who have proved most co-operative in permitting practical training visits for students when requested.

FROM THE DEPARTMENT'S RECORDS

Complaint of a leaking roof was made by the tenant of a top floor flat. Frequent inspections in wet weather did not confirm the complaint, but finally, after a slight shower the walls in all the top floor rooms were found to be wet although the ceilings were dry. A suggestion by the inspector that the tenant had deliberately wetted the walls brought no denial and a further visit, during a very wet spell, revealed dry walls and ceilings. This tenant has decided to move now that a council house is not forthcoming!

Lead Poisoning

A report was received that a child living in the Kingsdown area had been admitted to the Children's Hospital, for the second time in 12 months, suffering from lead poisoning. The consultant suspected that the child was "a dirt-eater" who had been chewing painted woodwork and plaster.

Samples of paint and painted plaster from the house were submitted by the department to the Public Analyst who confirmed that the samples contained a very high percentage of soluble lead. Subsequently the family were rehoused.

Slaughtering of Chickens

Routine inspections under the Food Hygiene (General) Regulations disclosed three premises wherein chickens were being slaughtered for sale to the public. Planning permission had not been obtained for this and a subsequent planning application was refused. This refusal received some publicity in the press as the applicants were immigrants and mohammedans claiming religious rites. The premises were considered totally unsuitable for the purpose and operations have now ceased.

Caravans

The problem of caravans, caravan sites and particularly the itinerant caravan dweller, is one which confronts many local authorities in this country and Bristol is no exception.

A great deal of time, effort and patience is expended by public health inspectors in trying to cope with a situation to which, at present, there is no ready solution in the absence of properly controlled sites to accommodate this section of the population.

It is estimated that there are some 3,450 "gypsy" families in this country (Ministry of Housing and Local Government Circular 26/66) living in caravans and moving from place to place. One seldom sees fewer than three or four children in each caravan and frequently more. Children, aged apparently between 10 and 14 years, have been spoken to by public health inspectors and have been unable to give their ages or even what their names may be.

The most pressing problem which faces the public health department is the unlawful use of land in the City, void sites etc., as caravan sites and the consequent nuisances from rubbish, scrap iron and rags, odours, defecation and urination in hedges, etc.; furthermore the department is often faced with the task of arranging clearance of the sometimes appalling conditions left after the "caravaners" have "moved on". Frequent complaints are received from nearby residents who decry the apparent inability to prevent these people living in these conditions.

NOISE

Since the publication of the final Report on Noise by the Wilson Committee, considerable attention has been focused on the practicability of noise reduction from all sources, and in particular from construction and demolition works.

Complaints concerning noise from such works, with particular reference to pneumatic drills, appear to be on the increase and although in many cases this department has had considerable success in effecting an improvement, the fact remains that the use of pneumatic drills is an essential feature of any demolition/construction programme. In seeking a remedy, therefore, two courses are open to us; either to persuade the contractor to operate noisy equipment at a time which will be least inconvenient to the general public, or to fit silencers or mufflers to the equipment.

The noise emitted from a drill has several origins including the exhaust of the compressed air in pneumatic types, the impact noise within the tool and the impact of the bit on the material which is being drilled. The Wilson Report gives a typical noise level produced by a pneumatic drill of 85dBA at a distance of 50 ft., and with several drills operating at once under practical conditions, with some sound reflection, the level may well exceed 90dBA at nearby buildings.

There are several ways in which the total noise can be reduced. Silencers can be fitted to the compressed air exhaust, padded jackets (mufflers) can be fitted to the drills, and in one particular case the frequency of the noise is altered to produce a lower sounding and more acceptable noise without any significant decrease in the sound pressure level.

The Wilson Committee carried out noise level measurements on drills with and without mufflers and with the co-operation of the City Engineer a similar test was conducted upon some of the mufflers now commercially available. The results confirmed that an appreciable degree of attenuation can be achieved. With this end in view consideration was given to some form of control over the noise from pneumatic drills and compressors in those parts of the City where their use inevitably gives rise to complaint.

A report was considered favourably by the Health Committee and other Committees with the result that all new compressors and pneumatic drills purchased in future by the City Engineer will have effective noise insulation. At this time the co-operation of all the major contractors and statutory undertakers was sought for the use of silenced equipment in built-up areas of the City. The response to this request was very gratifying and the use of such equipment is now accepted as normal in Bristol.

To pursue the matter a stage further the Health Committee requested other Committees of the Corporation dealing with contractors to consider the insertion in

the contract of a clause relating to the use of silenced equipment, and an extract from the revised clause currently used by the City Engineer for "Equipment and Plant" is reproduced below :—

"In built-up areas of the City the Contractor shall take all necessary precautions to reduce the noise emitted by pneumatic breaking plant to the satisfaction of the City Engineer and Chief Public Health Inspector. Compressors shall be of the insulated type or so sited and operated as to minimise noise emission. In particular the covers must be maintained in position whenever practicable. All pneumatic breakers shall be of a type which incorporates a silencer or is fitted with an approved noise reducing device.

Note to be included in "Instructions for Tendering".

The particular attention of the Contractor is drawn to Clause.....of Part.....of the Specification relating to "Equipment and Plant". Before submitting his tender he is advised to discuss with the Chief Public Health Inspector, St. Clement's House, Marsh Street, Bristol, Tel. No. 26241, the question of the precautions to be taken when using pneumatic breakers in built-up areas."

The result of these measures has been an awareness by all concerned of the need for control of noise from construction and demolition works in Bristol and public health inspectors are experiencing no difficulty whatever in securing the silencing of equipment where this is considered necessary.

The contract clause is also having its intended effect in that it is now commonplace for contractors to telephone the department to ascertain our requirements before work commences.

Although it is recognised that these measures achieve only partial attenuation of noise from one specific source, it is nevertheless felt that the effort has been worthwhile in that noise control has been achieved in the absence of statutory standards and a start has been made on the implementation of some of the recommendations of the report of the Wilson Committee.

HEALTH EDUCATION AND TECHNICAL TRAINING

The work of the department in this field has continued and the list of lectures and demonstrations appended shows how varied is the scope of the work and the wide section of students and the public reached. A number of the specialist and area inspectors have been involved and have given freely of their time and expert knowledge in all phases of our work.

PRACTICAL TRAINING OF STUDENTS

We began the year with nine pupil public health inspectors. Three fourth year pupils passed the diploma examination and three new pupils were appointed in September. One second year pupil resigned, leaving a total of eight pupils at the close of the year.

With a full establishment of pupils under training each year, it is felt that Bristol is making a realistic contribution towards remedying the very real national shortage of qualified public health inspectors.

Corporation establishments, various business managements and other organisations have, as in the past, co-operated fully with the department in providing practical training for students of all types, from many parts of the world. Over many years

permission to visit has never been withheld and we are pleased to extend to all concerned our acknowledgements and thanks.

FILMS, SLIDES AND PHOTOGRAPHS

Our library of 35 m.m. transparencies has been further extended during the year. These transparencies have proved invaluable for the illustration of lectures and talks and in addition provide a record of the work of the department and of conditions in areas of the City which are disappearing rapidly. Photographs have also been produced on occasion for use as evidence in legal proceedings in Bristol.

Slides have also been loaned to colleagues in other authorities for lecture purposes.

Lectures and Demonstrations provided for :—

<i>University of Bristol</i>	Diploma in Public Health
<i>(Department of Public Health)</i>	Health Visitors' Certificate Course
	Clinical (Medical) Course
<i>(Department of Architecture)</i>	Architectural Students
<i>(Department of Veterinary Medicine)</i>	Veterinary Public Health Course
<i>(Faculty of Science)</i>	Domestic Science Students
<i>(Students' Union)</i>	Students
<i>University of Aston in Birmingham</i>	Diploma Course for Public Health Inspectors
<i>(College of Advanced Technology)</i>	
<i>Ministry of Labour</i>	Overseas Trades Unionists
<i>(Labour Administration Course)</i>	
<i>Bristol Technical College</i>	Diploma Course for Public Health Inspectors
	Course for Certificate in Meat Inspection
	Institutional Management Association Course
<i>Department of Public Health</i>	Clinic Assistants
	Student District Nurses
<i>College of Commerce</i>	Social and Welfare Workers
<i>North Gloucestershire Technical College</i>	Health Visitors' Training Course
<i>The Central Institute</i>	National Trade Development Association, Licensed House Training Course
<i>United Bristol Hospitals</i> }	Student Nurses
<i>Frenchay General Hospital</i> }	
<i>Stoke Park Hospital</i> }	Catering and Nursing Staffs
<i>Purdown Hospital</i> }	(food hygiene)
<i>Hanham Hall Hospital</i> }	
<i>United Bristol Hospitals</i> }	
<i>Housing Department</i>	Housing Management Students
<i>Trainee Medical Practitioners</i>	Six Trainees

The following schools were visited :—

Badminton House School

Brislington Comprehensive School

Hengrove Comprehensive School
Central Commercial School
Pen Park Girls' School
Speedwell Secondary Modern School
St. Thomas More School
Merrywood Grammar School
Ashton Park School

Talks were also given for :—

Senior Scouts, Southmead
St. Johns, Fishponds, Young Wives
Stockwood Baptist, Young Wives
Brentry, Young Wives
Eastville Park Methodist, Young Wives
Harrowdene Methodist, Young Wives
St. Oswalds Adult School
Horfield Parish Church Mothers' Union
Bristol Multi-racial Club
Victoria Park, Men's Contact Club
Hillfields Baptist, Men's Contact Club
Clevedon Round Table
Bristol Property Owners' Association
Bristol Ship Lovers
36th Coy. Boys Brigade
Co-operative Retail Services Ltd., Junior Induction Course

Talks on Civil Defence hygiene and food hygiene have been given for :—

Civil Defence Senior Officers
Civil Defence Wardens' Section
Civil Defence, Post Office South West Region
Gateway Supermarkets
Tonibell ice cream salesmen

Students visiting the department for training for varying periods have come from Korea, Australia, South Africa, Nigeria, St. Helena, Edinburgh University.

in the form required by the Ministry of Health

<i>Ministry's Question</i>	<i>Food and Drugs Section</i>	<i>Bristol Waterworks Company</i>	<i>City Analyst</i>
	Yes	Yes	Yes
1. Whether the supply of the area and its several parts has been satisfactory in (a) quality, (b) quantity.			
2. Where there is a piped supply whether bacteriological examinations were made of the raw water, and, where treatment is installed, of the water going into supply; if so, how many and the results obtained; the results of any chemical analyses.		Raw waters examined bacteriologically before and after treatment by Bristol Waterworks Co. Treated water in City sampled daily; Fortnightly samples are taken of both raw and treated waters at Barrow, Chelvey, Stowey and Littleton-on-Severn, and after treatment found satisfactory. Daily samples taken in year—625. Fluoride content :— Barrow 0.04—0.20 P.P.M. Chelvey 0.05—0.12 P.P.M. Stowey 0.08—0.38 P.P.M.	
3. Where the waters are liable to have plumbo-solvent action the facts as to contamination by lead, including precautions taken and number and result of analyses.			Water is not liable to lead contamination and this is confirmed by regular analyses of all City supplies.
4. Action in respect of any form of contamination.	On finding any trace of faecal contamination the matter is taken up with the appropriate authority immediately, when further samples are taken until satisfactory results are obtained.	Contamination after treatment has been found negligible.	
5. Particulars of the proportion of dwelling houses and the proportion of the population supplied from public service water mains (a) direct to houses (b) by means of a standpipe.	(a) the whole of the population in the Bristol Area is supplied by public water mains direct to houses. (b) None.		

HOUSING

Housing progress during 1966 has been steady rather than spectacular and has lacked the glamour and sense of progress and achievement that go hand in hand with the large scale clearance of unfit houses. Numbers, however, are not an index of the problems associated with housing; indeed, it is often easier to deal successfully with an area comprising 200 houses than it is with areas of 20 or two.

The prospect of redevelopment following large scale clearance seems to minimise some of the human problems which are part of any housing project. The argument that a few must suffer for the benefit of the many seems more relevant in the larger areas.

Experience during 1966 has emphasised once again the difficulties of dealing with small groups and highlights the human and technical problems. For example—owner/occupation, the ages of occupiers and their rehousing having regard to health and mobility, under-population of the area, the dual problems of support and weatherproofing, the use of the site after clearance has been effected.

Whilst the clearance of unfit houses and the rehousing of the occupants has always been the prime responsibility of a health department, every effort should be made to avoid as far as possible the creation of small sites incapable of development. These “scars of progress” frequently become rubbish dumps which lower the tone and amenity of an area. There is ample evidence to support the view that clearance and redevelopment should work more closely together.

HOUSING AND HEALTH

It has always been accepted that a close link exists between housing and health, i.e. the condition of the house—not its use—or misuse. The authority to formulate codes of building practice both by byelaw or more recently by regulation was, and is contained in the Public Health Acts. At one time it was necessary to be satisfied that the condition of a house was dangerous or injurious to health before it could be closed or demolished. Changes in economic and social conditions preceded changes in the law and “dangerous or injurious to health” has been replaced by the term “unfit”, while the term “working classes” has been repealed from many of the provisions of the Housing Acts and is now virtually meaningless where it still exists. The consideration of “health” as a precondition to action under the Housing Acts now only exists legally in so far as bad arrangement or obstructive buildings are concerned.

Great progress has been made in the field of medicine in respect of the prevention and cure of disease and we have wholesome water, an abundance of safe food, we progress in our fight against atmospheric pollution, our standards in respect of conditions and amenities at work and at home have improved and those in want due to unemployment, sickness, industrial injury, widowhood, old age or the large family, receive an income sufficient for their basic needs.

All these are symbols of an attack upon sickness, poverty and squalor and considered against this background of change, health must have a new and modern meaning. Can housing as a major health factor stand alone?

REPAIR AND IMPROVEMENT OF DWELLINGS

The rehabilitation of houses and basements which were the subject of Closing Orders continued on approximately the same scale as in 1965.

On 1st February, The Building Regulations, 1965 came into operation and resulted in considerable changes in accustomed building practices. The requirements of the Regulations are comprehensive and complicated and it will need time for all involved to become fully acquainted with their implications.

When prospective purchasers, architects, builders, etc., wish to restore dwellings which are subject to Closing Orders, it is the practice for an inspector to discuss such schemes on the site that the merits or otherwise of various proposals to meet requirements may be explored and understood. Such schemes often involve works subject to the Building Regulations which have a bearing on the feasibility of preparing both practical and economic schemes in respect of older properties. This is especially relevant when the potential of the larger buildings often lies in their conversion to flats or maisonettes.

The average cost of works of repair and improvement was almost £997 per dwelling (Table 8), the most expensive examples being the restoration of a four storey house scheduled as being of architectural merit and two houses in a terrace. In the latter, a few doors from each other, the work required was found to be so extensive that virtually only the party walls remained, and consequently amounted to almost complete rebuilding. One house was dealt with by the housing department, the other by a private builder.

During the year 63 dwellings, being either houses or parts of buildings, were repaired and improved, at an estimated total cost of £62,800. Of these, four were the subject of improvement grants and two were houses purchased and repaired by the local authority. (Table 8 refers.)

PURCHASE BY NEGOTIATION

Acquisition by negotiation rather than by Clearance Orders or Compulsory Purchase Orders has continued and many hundreds of houses have been acquired and subsequently demolished. Difficulties do, however, arise when owners refuse to sell and tenants continue to complain.

One such case proved particularly difficult: it was in respect of a detached house where all the surrounding property had been demolished.

Notwithstanding many interviews with officers and members of Council and protracted correspondence, the owner would not sell. Ultimately the Council decided that action under Section 16 of the Housing Act, 1957 be taken, with the full knowledge of the owner's right to submit an undertaking to repair.

First of all the owner failed to return the Section 170 notice and had to be prosecuted. The service of the Time and Place Notice resulted in the giving of an undertaking to repair within the statutory period; after a further lapse of time a specification of works was received and a meeting with a builder on the site followed. The specification of works was totally inadequate to meet the needs of the case and of this the owner was advised.

Finally and in the absence of a revised and acceptable specification of works a demolition order was made. No appeal was lodged, and the occupant was rehoused.

Within two weeks of becoming void the house was reduced to a ruin by vandals and then the owner agreed to sell—by negotiation.

ENFORCEMENT OF CLOSING ORDERS

The permissive power to make Closing Orders instead of Demolition Orders, given to a Local Authority under Section 17 of the Housing Act, 1957, was, in the main, welcomed as a means of avoiding some of the difficulties experienced when demolishing one of a group of properties. But Closing Orders often create difficulties of another kind.

Notices to quit are not required to be served by the local authority in these cases and, whilst under no legal obligation so to do, the Housing Manager in the majority of cases provides alternative accommodation, thereby giving effect to the Closing Order.

Trouble usually arises when tenants refuse to accept the help of the Council, or where the occupier, having previously been a tenant of the Council, has been evicted for arrears of rent.

If the occupation continues beyond a reasonable time, the only course open to the local authority is to take proceedings against the owner—for permitting, and the occupier—for occupying, a house in contravention of the Closing Order. The threat of such action against the owner usually results in his making an application to the courts for possession.

During the year, a small number of cases to enforce Closing Orders have been dealt with in this way.

ILLEGAL OCCUPATION AND OBSTRUCTION

Considering the large number of visits made by public health inspectors, cases of obstruction are relatively rare. In one such case a house subject to a Closing Order was purchased and the new owner having met the inspector and discussed the works required, undertook the work himself, which, as a building tradesman, he was competent to do.

Difficulty was soon experienced in gaining access to inspect the work as it progressed. Letters to the owner were ignored and his wife was instructed not to give the inspector access.

Notice of intention to enter was served and this was not complied with. During this time, it was evident that the family had taken up residence and it therefore became necessary to take proceedings in the Magistrates' Court for (a) obstruction and (b) illegal occupation of a house subject to a Closing Order.

A fine of £5 for each offence was imposed and the owner gave access the day after the court hearing. Ironically the works of repair necessary to render the house fit had been substantially completed.

Four other cases of illegal occupation occurred and proceedings were authorised. In three cases the occupants vacated the premises concerned before court hearings were arranged, while the fourth is awaiting hearing.

MEAT INSPECTION

SLAUGHTERING FACILITIES

Hotwells lairs ceased to function as a slaughterhouse in November, 1965 and the slaughtering of live animals for the butchery/bacon trade was confined to the public abattoir and one private slaughterhouse.

The total number of animals slaughtered in the City shows an increase of just over 10 per cent (Table 11). While all types of animals slaughtered have advanced in numbers, calves (+59·17 per cent) and sheep (+28·60 per cent) show the greatest increase. A reduction in the number of pigs slaughtered at the bacon factory was expected (—11·45 per cent).

Table 12 shows the continued effectiveness of the Tuberculosis Eradication Orders. While a small increase in bovine tuberculosis is shown, the figures involved are so small that little attention need be paid to them. Of the 10 cows and two heifers sent in as reactors, only seven were confirmed. Significantly, the post mortem lesions found in these carcasses were such that they were of very little use for instruction purposes for the various classes using the abattoir.

The overall incidence of cysticercosis has remained about the same with cows showing a slight increase from 0·11 per cent to 0·123 per cent and best cattle falling from 0·138 per cent to 0·113 per cent. These figures are, I believe, below the national average but too many factors have to be taken into consideration to be able to draw any conclusions (Table 18). All infected carcasses were subjected to cold storage treatment in accordance with the Meat Inspection Regulations 1963. Carcase meat affected with cysticercosis sent into the local cold stores by local authorities outside Bristol, is checked and stamped by the Bristol inspectors when the prescribed treatment has been completed.

A modernisation scheme for the public abattoir, at an approximate cost of £70,000, has been approved by the City Council and when the Bristol Abattoir Equipment Coy. have completed the proposed line-dressing system and other ancillary work, the abattoir will be up to the standard required for animal slaughtering for the export market. A considerable amount of training, in the form of lectures and demonstrations, is carried out at the abattoir for students from the University, Bristol Technical College and overseas. The scheme approved provides for a small lecture room and this should remove criticism regarding the inadequacy of facilities provided in the past. Also provision has been made for additional accommodation for office purposes and for the use of permanent staff, students and trainees.

PRIVATE SLAUGHTERHOUSES

Only one private slaughterhouse, attached to a bacon factory, is licensed in Bristol. The throughput here has dropped by 11·45 per cent or from 16,359 pigs to 14,486 pigs. If the national situation does not improve, the throughput could fall even further during the coming year. Throughout the country a number of slaughterhouses have ceased to slaughter for the bacon trade because of the economic situation, but it is hoped that this slaughterhouse will continue to function.

MEAT INSPECTION

All animals slaughtered in Bristol during the past year have been inspected by inspectors attached to the meat section in accordance with the Meat Inspection Regulations 1963. Since the 1st November this year, 100 per cent meat inspection has been made a compulsory duty for all local authorities. The carcase meat and offal of any animal slaughtered for human consumption must now be inspected in accordance with the regulations and the carcasses stamped before they can be removed from the slaughterhouse. As for many years we have maintained a 100 per

cent meat inspection service, the implementation of the regulations has had no adverse effect on our duties.

Several Mohammedans have applied for licences to slaughter at the public abattoir. A full licence has been granted in each case after the applicant has had suitable training, but without exception, each licence is issued for "slaughtering by stunning" and not by "Ritual" methods.

Dr. H. R. Cayton, Director of the Public Health Laboratory Service, Canynge Hall, has again been very helpful in giving opinions on specimens submitted to him, particularly in respect of pet meats, and our thanks are due to him and his staff.

Dr. H. D. Crofton of the Zoology Department, University of Bristol, has again been very co-operative in determining difficult parasitic conditions. During the year approximately 1,000 specimens of pigs' diaphragms were submitted for detection of the parasite *trichinella spiralis*. Fortunately no positive specimens were found, but as long as Dr. Crofton and his staff are prepared to continue these examinations, we shall continue to submit them. The examination involves a considerable amount of work and our thanks are due to Dr. Crofton for this service which is very freely given.

MEAT DEPOTS—COLD STORES

All the meat depots wholesaling fresh meat, whether English or imported, have been maintained in a satisfactory manner. Difficulty still seems to be experienced in transporting chilled meat owing to the 5-day week. At times a considerable amount of trimming is necessary. This could be avoided if refrigerated transport were used.

No undue trouble was experienced from the public cold stores this year. They are all maintained to a reasonable standard and managements are very co-operative. Some "black spot" was discovered in one consignment, but very little trimming was required during the reconditioning process.

A considerable quantity of meat and poultry was contaminated by smoke due to a fire in a cold room on the premises of one of the wholesalers. An ozoniser was made available to the insurance company concerned and the whole stock was satisfactorily treated in the cold room without disturbing its normal use.

KNACKERS' YARDS

There are only two licensed knackers yards in the City, of which only one is in use, although very few animals are killed there. An old refrigerated vehicle is used to store meat prior to sale and this keeps it in very good condition. Staining of the meat in accordance with the Meat (Staining and Sterilization) Regulations is regularly practised and stain is also made available, if required, to the retail shops selling the meat.

PET SHOPS

The sampling of pet meat from pet shops continued during the year and the results are shown in Tables 13 and 15. No evidence of shigellae was discovered, but 16·17 per cent of the 167 specimens submitted were confirmed as positive for salmonella. This is a reduction of some 6 per cent over last year. Another item has been introduced this year as pet meat. This is frozen beef and offal imported into this country

under an Official Certificate as being fit for human consumption. Reference to Table 13(c) indicates a percentage of 30·43 as positive for salmonella. This seems very high and it is hoped to take more of these samples next year.

BUTCHERS' MEAT

Table 14 sets out the type of meat sampled and also the country of origin. Of the 222 samples submitted, only five or 2·25 per cent, were positive for salmonellae, which is a reasonable result bearing in mind that two out of 12 specimens (16·67 per cent) of English veal helped to build up this figure. The number of calf specimens submitted is insufficient to enable one to draw any conclusions.

SEWER SWABS

Of the 74 sewer swabs taken from two slaughterhouses, 12 or 16·22 per cent were found to contain salmonellae. This percentage is approximately the same as last year. Here again it has not been found possible to link these positive swabs to any positive specimens taken elsewhere.

It was decided this year that a series of samples from the bedding material of the cattle lairs should be submitted for bacteriological examination. Dr. H. R. Cayton visited the abattoir and agreed to co-operate in the scheme. A small pen was selected and an ample supply of fresh straw is provided each time fresh cattle are introduced, but the bedding material is never cleaned out. It is this bedding material that is submitted, and of the 11 specimens that have been submitted, only one has been returned as positive for salmonella. This organism has not been typed but has been returned as salmonella specie. If the depth of the bedding in the pen does not build up too much it is hoped to continue to submit specimens during the coming year.

SCHOOL KITCHENS

Visits to school kitchens have of necessity been curtailed this year because of a reduction in staff. Many of the visits made have been to investigate complaints regarding the meat supplied, but in most cases no further action was required. Regular visits have been made to the suppliers' premises to check supplies before distribution and no adverse comment has been called for.

PIGGERIES

To enable movement licences to be checked, one of the authorised meat inspectors was further authorised under the Diseases of Animals Act, to visit piggeries and poultry premises. During such visits the condition of the piggery was also checked as well as the swill boiling plant if one was used. As will be seen in Table 16 the total number of visits has fallen, due to the fact that these routine visits are usually confined to one half-day per week. Part-time occupiers of this type of premises still cause us considerable difficulty when they have to be interviewed regarding the condition of their premises.

MILK AND FOOD INSPECTION

NEW LEGISLATION

The Colouring Matter in Food Regulations, 1966

These regulations, which come into operation on 26th June, 1967, re-enact with amendments the Colouring Matter in Food Regulations 1957.

The six coal tar colours which the Report of the Food Standards Committee on Colouring Matter in Food recommended should be deleted, and one should be added, constitute the main provisions of the revised regulations.

The principal amendments are:—

- (a) the deletion from the present permitted list of six coal tar colours—Ponceau 3 R, Ponceau S.X., Naphthol Yellow S., Blue V.R.S., Yellow R.F.S., and Yellow R.Y.
- (b) the addition to the permitted list of the coal tar colour Black 7984.
- (c) specifications of purity are laid down wherever these have been formulated.
- (d) meat, game, poultry, fish, fruit and vegetables in a raw or unprocessed state may not contain added colour (except that colour may be added to the skins of oranges and to the husks of nuts), nor may tea, coffee, white bread and soda bread, cream, condensed milk or dried milk.
- (e) the addition of colour to butter, cheese, and other sorts of bread is restricted.
- (f) substances used to make up colour compounds, i.e. diluents, solvents, etc., must not contain more arsenic, lead and copper than is permitted in the specification for the colour itself where one has been laid down.
- (g) samples of colouring matter or food having any colouring matter in it, or on it, sold for laboratory test purposes and labelled as such, are exempt from the provisions of the regulations.
- (h) the declaration to be made on colouring matter when sold as such is laid down.

The Mineral Hydrocarbons in Food Regulations, 1966

These regulations, which supersede the Mineral Hydrocarbons in Food Regulations 1964, came into operation on 27th August, 1966.

The regulations prohibit (subject to certain exemptions) the use of any mineral hydrocarbon in the composition or preparation of food, the sale of food containing any mineral hydrocarbon, and the delivery or importation of any food consignment, containing any mineral hydrocarbon.

The regulations lay down revised specifications for mineral hydrocarbons the use of which is regulated in relation to the permitted exemptions.

The regulations also make provision for the following:—

- (a) the condemnation of food containing mineral hydrocarbons in contravention of the regulations (Regulation 5);
- (b) penalties for infringement of the regulations;
- (c) enforcement by food and drugs authorities or (as regards the provisions of regulations 4 and 5 in so far as they relate to importation) by port health authorities (Regulation 7); and
- (d) application of certain sections of the Food and Drugs Act 1955 relating to legal proceedings (Regulation 8).

The Butter Regulations, 1966

These regulations, which come into operation on September 1st, 1967, will supersede the Food Standards (Butter and Margarine) Regulations 1955 insofar as those regulations apply to butter.

The regulations specify compositional requirements relating the amount of milk fat, milk solids and moisture in butter, including salted butter, and requirements for the labelling and advertisement of butter.

The regulations do not apply to butter sold for export, to butter sold for consumption by H.M. Forces or by a visiting force, or to butter sold to a caterer for the purposes of his catering business, or to a manufacturer for the purposes of his manufacturing business.

The Salad Cream Regulations, 1966

These regulations, which came into force on 19th September, 1966, supersede the Food Standards (Salad Cream and Mayonnaise) Order 1945.

The regulations specify compositional requirements relating to the amount of vegetable oil and egg yolk solids contained in salad cream (Regulation 4) and requirements for the labelling and advertisement of salad cream (Regulations 6 and 7).

The regulations do not apply to salad cream sold for export, to salad cream sold for consumption by H.M. Forces, or to salad cream sold to a manufacturer for the purposes of his manufacturing business, or to a caterer for the purposes of his catering business (Regulation 3).

The Antioxidant in Food Regulations, 1966

These regulations, which came into operation on 9th December, 1966, re-enact with amendments the Antioxidants in Food Regulations 1958. The regulations of 1958 continue in force, however, for a transitional period ending September 8th 1967.

The principal changes from the Antioxidant in Food Regulations 1958 are:—

- (a) Antioxidants are prohibited in food for babies and young children;
- (b) Ethoxyquin is permitted on apples and pears up to three parts per million;
- (c) Preparations containing more than 100,000 I.U.'s vitamin A per gram are permitted to contain 10 parts per million of butylated hydroxyanirole or butylated hydroxytoluene or a mixture of both for every 1,000 I.U.'s vitamin A per gram;
- (d) Specifications for permitted antioxidants have been laid down.

NEMATODES IN FISH

From time to time complaint is received that worms have been found in fish. This is a most difficult matter to deal with as salt water fish are occasionally infested to a varying degree by parasites, but the quantity of fish condemned over the year for the presence of parasites is very small. Generally speaking, most of the internal worms are removed when the fish is gutted, with the exception of a few threadworms which invade the flesh of the fish.

This is a troublesome condition for the fish merchant because these parasites are quiescent in the raw cold fish and may escape notice. It is when the fish is handled by the cook that worms may reveal their presence, or even after frying in a shallow pan, turned over and then heated on the other side, leaving the centre portion practically raw. In consequence it is possible to have the disagreeable

experience of being served with fish apparently cooked, which has live nematodes in the centre portion.

Disagreeable, but nothing more than that, so far as present knowledge goes since there is no evidence that fish nematodes will live in the human alimentary canal. To be sure that no worms were present, a fishmonger would have to shred each portion of fish so finely that the article would be unsaleable.

"GLASS" IN FISH

A few complaints have been received alleging the presence of glass in canned fish. In each instance the specimen has been submitted to the laboratory for examination and the Public Analyst has found the small glass-like fragments to be crystals of Strumite, or magnesium phosphate. This compound occurs naturally in canned fish and in the crustacea and is harmless.

DENTED CANNED FOODS

From time to time members of the Council have expressed concern about the number of dented cans they have seen on display in some shops and as a result visits have been made to some 28 stores throughout the City. 50 samples of various dented canned foods were obtained; of these, 12 of the worst buckled cans were selected and photographed in the Public Analyst's Department and then examined for metallic contamination, particularly with reference to tin and lead. A further 10 cans were examined by the Public Health Laboratory Service for bacteriological quality. The remainder were submitted for ordinary chemical examination.

Referring to the first batch of 12 cans examined, the Analyst reported that the denting and buckling of the selected cans had not caused any significant rise in tin or lead contamination and the figures obtained were at a level normally expected of sound canned goods and inspection of the cans and contents revealed no actual leaks. The contents appeared to be in sound condition.

The report on the cans submitted for bacteriological examination stated that "No organisms were isolated aerobically or anaerobically after 48 hours" and the remaining cans examined by the Public Analyst were chemically satisfactory. It appears that, as public health officers, we shall continue to regard the sale of damaged canned goods with some suspicion, but the investigation carried out produced no evidence to show that tins in this state involve a hazard to public health.

"BUBBLES" MIXTURE

A complaint was received regarding a bubble mixture (a solution used by children for blowing bubbles) which was alleged to be the cause of inflammation of the eye of a child, catarrhal congestion and white marks when spilled on a gaberdine raincoat.

Samples of the mixture were submitted to the City Analyst who reported as follows:—

"Analysis of this mixture showed that it was an ordinary soap solution, probably consisting of a mixture of fatty acid and fatty alcohol soaps. The actual total soap content was quite low and the reaction of the product almost neutral which is an advantage.

As with any soap solution in the eyes, it would cause smarting and watering, mainly due to its nature and defatting action, but the effect soon passes, especially if the eyes are bathed in fresh clean water. It would cause no permanent damage, only temporary irritation, neither would it have any effect on the chest or cause catarrhal congestion.

The solution in question is therefore in no way abnormal, but would have the expected action on the eyes. The white marks complained of on clothing would merely be the soap residue left after drying out and would also be harmless”.

WATER SUPPLY

During the months of June and July, complaints were received regarding the quality of the drinking water supplies in the Stockwood, Knowle and Bedminster areas.

Samples of water were found to contain nematodes, green algae, vegetable matter and rust particles, the heavy rust deposit causing the complainants most concern.

The matter was taken up most vigorously with the Bristol Water Works Company and at a meeting of the Scientific and Ancillary Services Sub-Committee, members met officials of the Water Works Company regarding the complaints.

Members of the Sub-Committee were told of the problems facing the company and received an assurance that every effort would be made to remedy the situation. A new process to reduce water discolouration had already been put in hand.

Since that time, no further complaints have been received and further samples, both chemical and bacteriological, were reported satisfactory.

MILK SUPPLIES—BRUCELLA ABORTUS

49 samples of raw milk were examined and no positive samples were found.

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There are no egg pasteurisation plants in the district.

15 samples of liquid egg were submitted to the Alpha-Amylase test, 2 were unsatisfactory but repeat samples proved satisfactory.

MEDICINES AND DRUGS

261 samples were submitted to the Public Analyst.

Deficiencies or unsatisfactory labelling were revealed in the following articles:—

- Oil of Citronella, Honey of Borax (four samples);
- Foot paste, Compound Syrup of Camphor B.P.C.;
- Corn Remover Liquid, Spirit of Sal Volatile (two samples);
- Adult Nerve Tonic, Witch Hazel B.P.C. 1949.

Appropriate action by repeat samples, or destruction of stock was carried out.

PHARMACY AND POISONS

45 samples were obtained and 378 routine visits paid to “listed sellers” of Part II

poisons. 33 new applications were received resulting from visits made to persons not on the local authority's list.

Details of contraventions:—

Ammonia—11·1 per cent W/W against 15·0 per cent W/W declared. Repeat sample satisfactory.

Drain Cleaner—contained 33·6 per cent W/W of Na_2O against 46 per cent W/W declared. Revised label omitted from container.

FERTILISERS AND FEEDING STUFFS

21 formal samples and 1 informal sample of fertiliser and animal feeding stuffs were submitted to the Agricultural Analyst. In 2 samples the declared ingredients were found to be outside the permitted limits of variation. Appropriate action was taken in both cases and no legal proceedings were instituted. Statutory statements were supplied in respect of all samples and all were correctly described.

FOOD POISONING

The year was a moderate one for food poisoning without major outbreaks. Routine investigations by food and drugs inspectors were carried out when any notifications were received. Cases notified decreased by 56·6 per cent (180 to 78) and cases confirmed by just over 64 per cent (142 to 51).

DYSENTERY

Notifications of dysentery were also at a low level until the latter part of the year, when in November and December there was a sudden outbreak with 68 cases confirmed. These were concentrated in the Southmead and St. Paul's areas of the City and involved a number of schools and nursery schools. Cases notified fell by almost 75·7 per cent (646 to 157) and cases confirmed by nearly 73·0 per cent (430 to 117).

ATMOSPHERIC POLLUTION

SMOKE CONTROL

Unfortunately no further Smoke Control Orders have been made during this year. A report on the proposed No. 8 Smoke Control Area which will affect 2,150 acres in the north west of the City, was considered by the Health Committee in September, but because of the uncertain financial climate at the time, a decision was deferred for six months. We look forward to 1967 in the hope that further progress will be made in the smoke control programme for the City.

There has been little change during the year in Ministry policy concerning smoke control, but one notable exception was a letter received in August regarding supplies of open grate fuels.

The letter informed local authorities affected, that supplies of gas coke in the areas of certain gas boards, including the South Western Gas Board, may be insufficient to meet the demand for open fire solid smokeless fuel in future smoke control areas and because gas coke may not be available in these areas, it would no longer be justifiable for local authorities within the areas of the gas boards referred to, not

to pay grant for the replacement of an improved open fire by an appliance capable of burning hard coke or by an electric storage heater, gas room heater, or fixed oil burning appliance.

If the local authority are satisfied that the combined supplies of all kinds of open grate smokeless fuels are likely to be inadequate for a proposed smoke control order they should designate improved open grates under section 95(2) of the Housing Act 1964, i.e. improved open grates would not rank for grant.

If, however, the local authority are satisfied that although the supply of gas coke alone would not be enough for a proposed smoke control order the combined supplies of all kinds of open fire fuels are likely to be sufficient local authorities should **not** designate improved open grates. Grant would then be payable on five categories of adaptation or replacement.

It is felt that this modification of the grant arrangements will help to make smoke control more attractive to householders in proposed smoke control areas, and increase the popularity of appliances designed to burn hard coke and the various "piped" fuels.

Much time has been spent during the heating seasons carrying out smoke observations in smoke control areas. Isolated pockets of smoke emission were found in the No. 3 area and these were brought under control very quickly as a result of approaches made to the occupiers of the premises concerned. The problem was very much greater, however, in the No. 6 Smoke Control Area, which covers 3,000 acres in the south west of the City, and includes three large council housing estates.

The situation was aggravated by the lack of co-operation on the part of some of the coal merchants operating in this part of the City; in fact, bituminous coal was being sold quite openly, sometimes to unsuspecting householders. This practice continued in spite of continued representations to the coal merchants through their local Trade Association, the officials of which have done their utmost to bring members into line. Undoubtedly it would facilitate the enforcement of Smoke Control Orders if it were an offence to sell bituminous coal in smoke control areas, for, although the majority of merchants will co-operate, past experience has shown there will always be some who ignore all requests to cease the practice. A further aggravation of the problem is the increasing sale of prepacked bituminous coal. Some members of the public are under the impression that the prepacking of coal automatically ensures it is smokeless—the brand names used do not help to destroy this illusion.

In each case where a contravention of Section 11 of the Clean Air Act was observed a warning letter was sent to the occupier of the premises. So far this action has proved adequate in bringing the situation under control and it has not proved necessary to have recourse to legal action.

During the year the mobile exhibition unit of the Solid Smokeless Fuels Federation has made three visits to the proposed No. 8 Smoke Control Area. Both the South Western Gas Board and the South Western Electricity Board have either toured the area with a mobile exhibition or arranged a special display in their show-rooms in the area. These media, together with talks by the specialist inspector (atmospheric pollution) to local groups, have proved useful in keeping smoke control in the public eye and will undoubtedly help householders in the proposed smoke control area to select both the type of fuel and the appliances most suited to their needs. These mobile exhibitions have been additional to the explanatory circular

and other literature which was sent to all householders as a preliminary to the making of the Smoke Control Order.

This year technical assistants have been employed on smoke control work for the first time in Bristol. They have made a useful contribution to the work of the section and their work has been invaluable in connection with the survey of the proposed smoke control areas, smoke observations in smoke control areas and the maintenance of furnace records.

Several cases of smut emission resulting from the use of liquid fuels have come to light during the year. One case involved the boiler plant of one of the hospitals in the City, in which coal tar fuel is used. The smut emission was caused by bad atomisation and therefore incomplete combustion, resulting in an excessive build-up of carbon in the furnace tubes of the boilers. The subsequent smut emission to atmosphere was a nuisance to nearby residents. Following discussions with the Hospital Management Committee and the Regional Hospital Board, it was decided to install new burners. All the other cases were of conventional acid smut emission involving boiler plants burning residual fuel oil and were the result of low temperature conditions in the flues and chimney stacks. In some of these cases a little more thought in the design and installation of the plant would have prevented smut emission and saved much distress, time, effort and money.

One case of acid smut emission affected a purely industrial area, but nevertheless, a nuisance was caused both to passers-by and to people working in the area and damage was caused to cars and property. Section 16 of the Clean Air Act, 1956 speaks of "a nuisance to the inhabitants of the neighbourhood" and although there is no definition of "inhabitants", case law on the interpretation of this phrase has established it to mean inhabitants in the sense of people actually living and sleeping in the area. As there are no residents in this area there was no remedy under the Clean Air Act. However, the nuisance was finally abated by the full co-operation of the firm concerned.

Open site incineration of industrial waste is practised in certain parts of the City where there are no dwellings in close proximity to the site. Although it would be impossible to prove the existence of a nuisance to inhabitants of the neighbourhood in these cases, for the reasons given above, the resultant smoke emission at or very near ground level causes a substantial increase in the density of smoke pollution in the area. These two instances highlight a serious omission in the Clean Air Act which should be remedied at the earliest opportunity.

A serious grit nuisance affecting a large area of the St. Anne's district recurred during the year. The source was an extremely large factory boiler plant which has been responsible for heavy grit emissions in past years. At that time discussions were held with the company concerned when it was agreed that there should be a progressive change to oil firing and this has been taking place. Unfortunately an unforeseeable breakdown occurred in a newly installed oil fired water tube boiler which necessitated using an old coal fired boiler not fitted with grit arrestors. This resulted in very heavy grit emissions affecting a fairly widespread area.

The conversion to oil firing is now complete and coal will only be used on "standby" boiler plant equipped with efficient grit arrestors. The coal fired plant without means of grit arrestment will be demolished in the very near future and the residents of this part of the City will no longer have to suffer this nuisance.

NEW BOILER AND FURNACE PLANT

Notifications of new boiler plant and furnaces, in accordance with Section 3(3) of the Clean Air Act, have continued to be received, although not as many as one would expect in a constantly developing City of this size. This leads one to suspect that some persons are installing plant to which this section refers and are not fulfilling their obligation under the Act.

The determination of the heights of new chimneys continues to be an important and time consuming facet of the work of the section. The importance of good chimney design, to ensure the adequate dispersal of pollutants and to prevent acid smut emission and the advisability of early consultation with this department cannot be stressed too emphatically or too frequently.

ADMINISTRATION OF THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Early in the year the establishment for the section was completed by the appointment of four technical assistants who, on appointment, were given general public health training and instruction in the application of the Offices, Shops and Railway Premises Act 1963.

The general inspection of offices and shops in the city to assess full compliance with the requirements of the Act commenced in January. As the staff completed their training, the number of premises being inspected steadily increased until the section became fully operative in the latter half of the year. These general inspections are being carried out progressively, area by area, and this enables the systematic locating of premises which the occupiers have failed to register with the department. As was anticipated at the time the Act came into force and the initial registration of premises took place, there was a considerable number of occupiers who did not register and they were not all small suburban shop keepers employing only one or two staff.

During the year a further 2,031 premises have been registered, which after the deletion of a few premises no longer within the scope of the Act, left a total of 8,533 premises on the register at the end of the year.

It was apparent that despite the advice given to owners and occupiers in the introduction to the General Guide to the Act, published by H.M. Stationery Office, "not to wait for the inspector to call but bring your premises into line with the requirements of the Act", relatively few had followed this advice; thus many were technically liable to legal proceedings by the time the first routine inspection was carried out; moreover in many instances, the contraventions found concerned minor items which could easily have been remedied. In the remainder of the premises written notification was sent drawing the attention of the persons responsible to the deficiencies existing.

The contraventions occurring most commonly were:—dirty premises, poorly ventilated workrooms, particularly in the newer shops, absence of staircase handrails, unsuitable sanitary conveniences and absence of hot water supplies to washing facilities. Some occupiers, who until this year had not provided a sufficient temperature in their branch shops and had persistently kept their shop doors open in the severest of weather, ceased this practice and installed improved shop heating when confronted with the threat of prosecution.

Complaints from employees were few and these were dealt with satisfactorily. Mostly, these related to temperature deficiencies and in one case, where an office "walk-out" was threatened, the temperatures observed on investigation of the complaint were slightly higher than the minimum required by the Act.

During the year general inspections were made of 2,974 premises, which is nearly one third of the estimated number of offices and shops in the City.

As was to be expected, with the commencement of systematic inspections there has been an increased awareness of the Act by all concerned. Architects and other professional persons consulted the department more frequently when applications for planning approval for the erection of new office or shop buildings or the alteration of existing ones were being made. Managements increasingly sought the help of inspectors in the interpretation of the Act and the indifference of some staffs became less marked.

Trade federations and councils are beginning to enquire whether the department is prepared to provide talks for them regarding the application of the Act in their particular fields. Associations organising training courses for specific trades, which have in the past included sessions dealing with the public health aspects of their work, have also asked for offices and shops legislation to be dealt with.

The Act gives power to the local authority to grant exemption for any particular premises from certain requirements of the Act, if the local authority are satisfied that compliance with those requirements would not be reasonably practicable. Exemptions are for a limited period and allow time for arrangements to be made to bring premises up to the required standard, or if this is not possible, to obtain other premises. One such application for exemption remained for consideration from 1965 and during the year three further applications were received. Two of these were in connection with the insufficiency of sanitary conveniences. In respect of one an exemption was granted and the other application was withdrawn as other arrangements had been made to satisfy requirements. The remaining two applications were for exemptions from the requirement to provide clean running hot or cold or warm water to washing facilities. Both these applications were refused.

During the year 180 accidents were notified and 82 of these were investigated. In a few cases occupiers were advised on precautions to prevent the occurrence of similar accidents, but our investigations disclosed, as was the case last year, that a very high proportion of accidents were concerned with such things as falls on stairs, falls on the level, accidents concerned with the handling of goods in warehouses and shops, the loading and unloading of vehicles, etc., and the primary cause was human error. Premises and equipment were frequently found to be properly maintained and it would appear that, rather than the repair or replacement of premises or equipment, much greater care should be exercised by employees and attention given to the proper use of premises and equipment. An example of the type of accident quoted was the case of a private secretary, wearing high heels, who tripped at the top of a flight of stairs, fell to the bottom, sustaining severe injuries when a heavy bangle became embedded in her wrist. As a result she lost the use of the fingers of her right hand.

A most distressing accident brought to the notice of the section concerned a boy of three years of age who, sitting on the lid of a washing machine in a launderette, pushed a glass inset in the lid into the machine whilst it was in motion. The child fell into the washer and suffered severe injuries to arm and shoulder. In this

case, as an employed person was not concerned, the accident was not, of course, notifiable under the Act.

A new separate office system was installed for recording the registration of premises and the action arising from the day to day enforcement of the Act. This system was devised to conform with the re-organised general office system operating for other sections of the department.

There was a very considerable amount of work done in premises as a result of general inspections and much improvement in the working conditions in offices and shops in the first year of full operation of the Act. It is hoped that a complete inspection of all the premises in the City which are affected by the Act and which are the responsibility of the local authority, will have been carried out in the next two or three years. (Table 30 refers to the work of the section.)

ADMINISTRATION OF THE SHOPS ACTS AND KINDRED LEGISLATION

The shops inspectors have been mainly engaged on duties connected with the Offices, Shops and Railway Premises Act throughout the year and, therefore, a comparison of statistics with other years serves little purpose.

The Health Committee granted exemption from the general closing hours in respect of the City and County of Bristol Annual Flower Show, and the Bristol Grocers' exhibition which was organised to raise funds for the purchase of a mobile clinic for the Royal Commonwealth Society for the Blind. Exemption Orders for the Modern Home Exhibitions at the Drill Hall and the Victoria Rooms were refused. The Health Committee also made an exemption order from the early closing day regulations in respect of electrical appliances in the area including the South Western Electricity Board premises at Electricity House.

One Company which had persistently kept their shop open after the closing hours was prosecuted on four occasions. In January they pleaded not guilty to eight summonses but were fined £1 on each charge and ordered to pay £10 10s. 0d. costs. On 8th July they pleaded guilty to a further five charges and were fined £20 on each and ordered to pay £21 costs. On 22nd July they pleaded guilty to two charges and were again fined £20 on each and ordered to pay £10 10s. 0d. costs. However, in October they pleaded not guilty to ten charges and when found guilty and fined £20 on each and ordered to pay a further £52 10s. 0d. costs, they gave notice of appeal and asked for a case to be stated. This will be heard in the High Court of Justice, Queen's Bench Division, some time in 1967. The issue is, of course, on a point of law and is mainly concerned with the definition of the word "customer".

A hairdressing firm was also prosecuted for failing to allow statutory meal intervals to a number of its staff. This firm was fined 10/- on each of 26 summonses and ordered to pay £5 5s. 0d. costs.

At the request of the Ministry of Labour discussions took place on two occasions between the Senior Shops Inspector and Overseas Labour Officers on the duties of a shops inspector. A talk on the Offices, Shops and Railway Premises Act was also given to the Personnel Managers Association. The Annual Conference of the Institute of Shops Acts Administrators was held at Llandudno in October and attended by Councillor Mrs. D. M. Jackson and Mr. G. P. Hooper, the Senior Shops Inspector.

RAT DESTRUCTION DISINFESTATION AND DISINFECTION

PREVENTION OF DAMAGE BY PESTS ACT, 1949

To conform with Section 2 of the Prevention of Damage by Pests Act, 1949, occupiers of 2,875 premises have notified the department that they considered their premises to be infested by rats or mice; in addition 33 other infestations were found by inspection. Every complaint was investigated, and treatment carried out where requested, or supervision provided where the treatment was carried out by the occupier, or by a private contractor. 11,179 visits were made for these purposes.

ROUTINE INSPECTIONS AND TREATMENT

Routine inspections of areas of the City prone to rat infestation, i.e. offensive trades etc., have continued, together with routine checks of food and food storage premises. We feel that the occupiers of these premises now accept and appreciate the value of this service, realising that the experienced operative can locate and treat very early signs of infestation long before the inexperienced person has the obvious fact thrust upon him.

Close attention has been paid to the many building sites in the City, especially those void premises awaiting demolition.

The dock and harbour installations were treated comprehensively. The Avonmouth staff was increased from three to four to enable the ever increasing development areas to be covered adequately without reducing the attention given to the existing docks.

DEFECTIVE DRAINS

Rat infestations considered to have originated from the sewerage system have again occurred and 30 cases of suspected defective drainage systems have been referred to the district public health inspectors for testing and investigation.

SEWER TREATMENT

The treatment of the City's sewerage system has continued throughout the year, resulting in a small but definite decline in the rat population. The success already achieved has enabled more attention to be paid to the areas of known high infestation and also to survey the new development areas of the City.

At the close of the year suspected Weil's disease was reported amongst City Engineer's workmen engaged at the storm water sewer intake at Eastville. Investigation disclosed that one man had also been employed on the storm water outfall at Sea Mills. Trapping of both areas was undertaken in an effort to capture live rats for examination before treatment commenced, but by the 31st December no positive results had been obtained.

Some idea of the amount of work carried out in the sewerage system can be gauged from the fact that nearly 1½ tons of poison bait had been placed underground during the year.

OTHER PESTS

As was expected, the number of requests for wasp nest destruction fell rapidly from the all time record of 1965 of 1,542. In 1966, 332 nests were destroyed and removed.

The usual complaints regarding foxes and other animals were received and referred to the Ministry of Agriculture, Fisheries and Food or the R.S.P.C.A.

GENERAL

In common with the now established practice of the pest control section, every effort is made to test and experiment with new rodenticides and equipment. The information thus obtained proves invaluable when requests for advice are received. In addition the various improvisations by the rodent operators has resulted in the design and development of a new type of baiting tray to be used in the manholes of the sewers. The design was produced by the rodent operator in charge of the sewer treatment unit, and 50 trial trays were made by the City Engineer's department. Although not all were in position at the close of the year, the results so far obtained show that they are a great advance, as far as is known, on anything at present in use elsewhere in this country.

Table 31 refers to the work of the section. 39,714 visits were made for all purposes, but this does not necessarily give a true picture of the rat or mouse population of the City. Many of the complaints received from independent sources are found to refer to the same rat and although duplicated, are duly entered as "complaints received". Duplication is sometimes unavoidable as the public becomes more aware of the dangers associated with the rat and are, therefore, more prepared to make complaint than even 10 years ago.

DISINFECTION AND DISINFESTATION

The total of City premises disinfected and/or disinfested during the year shows an increase of almost 3,000 on the figure for 1965 and the number of articles dealt with has, in consequence, risen by nearly 10,500. Disinfections carried out for hospitals and nursing homes have risen by nearly 50 per cent. Requests from the police for disinfection and for disinfestation of blankets and cells continue to be an almost daily occurrence, whilst a number of disinfecting baths have also been asked for by the police. The number of verminous persons bathed has risen from 26 in 1965 to 86 in this year.

Alterations have been made at the disinfecting station which have provided improved bathing facilities. A bath and a shower have been provided for the use of the health department staff who may need to bath after visiting infested premises.

The soiled linen service provided by the Health Committee is fully used and appreciated by all who benefit from its existence. During the year, the number of current cases using the service and new cases have both increased. The visits to premises and the number of soiled articles collected, laundered and returned have risen by almost 2,000 and over 3,000 respectively. 1,280 sheets and 321 bed gowns were issued direct to district health visitors for immediate issue to patients as required and 2,703 sheets and 733 bed gowns were supplied direct to patients. Collection and delivery of articles now occupies most of the morning on three days per week and part-time on the remaining two days. Vehicle mileage on this service amounted to 14,783 miles.

Routine monthly spraying of the animal houses and dissecting rooms at Bristol University Veterinary College to prevent fly infestation, was carried out from April to October and at the public abattoir, the lairage manure pits were dusted with

insecticide and the walls of the gut room and slaughter hall were sprayed during the same period.

From time to time, disinfecting staff have been employed disinfecting and cleaning up void sites in cleared areas, which have been used by itinerants, caravan dwellers and "squatters" until moved on by the police; also a number of void houses, illegally entered and fouled by vagrants, have been cleaned. Again, several requests for assistance have been met to clean houses that were in such a state that it was unreasonable to ask home helps to clean them.

Although the winter was much less severe this year, flooding, caused by burst pipes and defective water cisterns, caused some trouble and required the use of our drying facilities. Two unusual cases of flooding arose from two bursts in a 27 inch water main in the centre of the City when the services of the disinfecting station staff were again in demand. A full description of these occurrences appears elsewhere in this report.

An arrangement has now been made with the Bristol Education Department, whereby all the special schools under their control will be inspected annually for cockroach infestations and disinfection will be carried out as required.

Miscellaneous work other than that arising from disinfection or disinfection accounted for 7,176 visits during the year. Table 32 refers to the work of the section.

FLOODING EMERGENCY ORGANISATION

The flood emergency organisation set up by the health department was again in action during the year, a total of 81 visits having been made as part of the emergency work. Additional visits for treatment or further inspections were made as necessary. Two occurrences seem worthy of record in detail.

The first of these incidents, a burst in a 27 inch water main, occurred at the junction of St. Stephen's and Baldwin Streets and was reported at 11.20 p.m. on Thursday 16th June. The area was immediately visited and an inspection carried out in all the premises to which access could be obtained, to ascertain the extent of damage to foodstuffs in store and if disinfection was required.

The owners of damaged foodstuffs were advised to withdraw such foods from sale pending a full and detailed inspection; arrangements were made to disinfect the cellar of a public house. The full extent of the damage became apparent the following morning when other occupiers of affected premises arrived. District public health inspectors, having already been advised of the situation, visited each of the premises to carry out a full inspection and to issue condemnation certificates for affected foodstuffs wherever required and these were collected by the health department for destruction.

A second incident, also involving the same 27 inch water main, occurred at the junction of Baldwin Street and the City Centre and was reported at 6.30 a.m. on Sunday 24th June. Again an immediate visit was made and it was apparent that a number of nearby food premises required immediate attention. An emergency disinfecting staff was called out and disinfection was provided for a number of premises before midday. In several cases the pumping out and clearing of flooded basements was hampered by the presence of large quantities of saturated foodstuffs. These were inspected, condemned and immediately removed and disposed of.

The work carried out on Sunday was hampered by a complete absence of mains electricity and our operations were only made possible by the use of our own hand lamps. The failure of the electricity supply further increased the risk to foodstuffs, in that all refrigerators and deep freeze units were inoperative. Before the evening it became necessary to condemn a large quantity of fresh fish and some meat products in several establishments.

By 9.0 a.m. Monday, district inspectors were inspecting all premises in the affected area and further quantities of foodstuffs were found to be unfit.

Repeat visits were made to all affected premises and a number of carpets and underfelts were removed for drying at the disinfecting station.

Arrangements were made with the Transport and Cleansing Officer for the removal of considerable quantities of saturated paper and other materials which had been removed from the premises and deposited on the footpath.

These two incidents serve to demonstrate the value of this emergency service which is available 24 hours a day to deal with flooding whatever the cause.

TABLE 1
PROSECUTIONS AND COURT APPEARANCES

<i>Enactment</i>	<i>Contravention</i>	<i>Result</i>
Public Health Act, 1936	Rubbish prejudicial to health or a nuisance	Summons not served
Public Health Act, 1936	Leaking main and annexe roof, loose and cracked ceiling plaster to scullery	Order to abate nuisance within one month. Costs £2 2s. 0d.
Food and Drugs Act, 1955 Section 2	Finger dressing in sausage	Fine £50 plus £3 3s. 0d. costs
Shops Act, 1950 Section 2	Failure to close for the serving of customers not later than the general closing hours on 8 occasions	Fine £8 plus £10 10s. 0d. costs
Housing Act, 1957 Section 170	Failure to give information as to ownership	Case adjourned
Housing Act, 1957 Section 170	Failure to give information	Found guilty—unconditionally discharged
Public Health Act, 1936 Section 93	Failure to comply with Court Order to remedy defective floorboards, plaster and roof	Fine £2 2s. 0d. plus £2 2s. 0d. costs
Food and Drugs Act, 1955 Section 2	Cigarette stump in cake	Fine £25 plus £2 2s. 0d. costs
Public Health Act, 1936 Section 93	Leaking roof	Ordered to carry out work within 28 days and ordered to pay costs
Food and Drugs Act, 1955 Section 105	Failure to divulge source of supply of unstained quantity of liver	Fine £5 and ordered to pay £2 2s. 0d. costs
Food and Drugs Act, 1955 Section 2	Sale of a mouldy chicken and bacon pie	Fine £10 plus £3 3s. 0d. costs
Public Health Act, 1936	Roof leaking	6 week Order made. £2 2s. 0d. costs.
Food and Drugs Act, 1955 Section 2	Nail in meat pie	Fine £15 plus £5 0s. 0d. costs

TABLE 1—contd.

PROSECUTIONS AND COURT APPEARANCES

<i>Enactment</i>	<i>Contravention</i>	<i>Result</i>
Housing Act, 1957 Section 27(1)	Use of premises in contravention of Closing Order	Summons not served
Public Health Act, 1936 Section 93	Leaking roof to rear annexe, rotted frame to door to rear annexe kitchen	28 day Order made
Public Health Act, 1936 Sections 39, 45 and 93	Leaking roof, leaking sink waste water pipe and leaking W.C. inlet	28 day Order made on Section 93. Absolute discharge granted on Sections 39 and 45
Public Health Act, 1936 Section 93	Leaking roof	Adjourned sine die
Shops Act, 1950/1965 Section 2	Failure to close for the serving of customers not later than the general closing hours	Fine £20 on each of 5 counts plus £21 0s. 0d. costs
Shops Act, 1950/1965 Section 2	Failure to close for the serving of customers not later than the general closing hours	Fine £20 on each of 2 counts plus £10 10s. 0d. costs
Clean Air Act, 1956 Section 1	Continuous emission of black smoke for 3 minutes	Fine £10 plus £2 2s. 0d. costs
Food Hygiene Regulations 1960	Contravening Regulation 26	Fine £20 plus £5 5s. 0d. costs
Public Health Act, 1936 Section 91	Open jointed and perished brickwork to rear chimney	Order made to effect repairs forthwith. Costs £2 2s. 0d.
Public Health Act, 1936 Section 93	Badly worn and fitting, partly unhinged and partly rotted condition of rear external door and W.C. compartment door; also badly fitting front external door	14 day Order made. Costs £2 10s. 0d.
Public Health Act, 1936 Section 93	Leaking main roof, canopy roof, ill-fitting windows and woodwork to windows in various rooms	14 day Order made
Public Health Act, 1936 Section 93	Leaking main roof and annexe roof. Broken and perished condition of wall plaster. Absence of door to scullery; loose and dangerous condition of steps at rear	21 day Order made
Clean Air Act, 1956 Section 1	Continuous emission of black smoke	Fine £3
Public Health Act, 1936 Section 93	Damp condition of rear scullery wall	28 day Court Order made. Costs £2 2s. 0d.
Shops Act, 1950/1965	Failure to comply with mealbreak regulations	Fine of 10s. 0d. on each count, totalling £13, plus £5 5s. 0d. costs
Factories Act, 1961	The seat of the W.C. pan was not affixed, the walls of the compartment were flaking and required decoration. There was an area of missing plaster to the ceiling of the compartment	Fine £5 plus £2 2s. 0d. costs

TABLE 1—contd.

PROSECUTIONS AND COURT APPEARANCES

<i>Enactment</i>	<i>Contravention</i>	<i>Result</i>
Shops Act, 1950/1965 Section 2	Failure to close for the serving of customers not later than the general closing hours	Fine £20 on each of 10 counts plus £52 10s. 0d. costs
Public Health Act, 1936 Section 93	Void premises giving rise to nuisances	7 day abatement Order. Costs £2 2s. 0d.
Food and Drugs Act, 1955 Section 2	Mouldy veal, ham and egg pie	Case dismissed—break in chain of evidence
Food and Drugs Act, 1955 Section 2	Metal in blackcurrant tart	Fine £25 plus £5 5s. 0d. costs
Shops Act, 1950/1965 Section 2	Failure to close for the serving of customers not later than the general closing hours	Adjourned sine die (Appeal lodged on previous conviction)
Housing Act, 1957 Sections 27 and 160	Contravention of Closing Order and obstruction of authorised officers	Fine £5 on each count
Food and Drugs Act, 1955 Section 2	Mouldy paste	Fine £10 plus £2 2s. 0d. costs
Public Health Act, 1936 Section 93	Dampness causing nuisance	Case adjourned. Summons not served
Food Hygiene (General Regulations), 1960	Dirty condition of premises, cookers, cooking utensils and refrigerator. Dirty condition of W.C. compartment, and soap, towel and nailbrush were not provided. First aid equipment not provided	Fine £25
Pet Animals Act, 1951	Selling kitten to a child under 12 and various other contraventions	Fine £7 plus costs
Public Health Act, 1936 Section 93	Leaking condition of annexe roof, missing condition of kitchen ceilings and timbers over W.C.	Adjourned sine die

SANITATION, HOUSING, SHOPS ACTS, etc.

TABLE 2

PUBLIC HEALTH INSPECTIONS

						1966	
					Visits	Revisits	Total
Complaints and enquiries received	...	...	...				4,540
<i>Visits:—</i>							
Recommendations for housing accommodation	...	...	...	634	2,660	3,294	
Dwelling houses	...	...	...	6,097	14,947	21,044	
Houses let in lodgings	...	...	...	9	23	32	
Food shops — registrable	...	...	...	281	259	540	
Food shops — non-registrable	...	...	...	2,889	1,950	4,839	
Other shops	...	...	...	176	271	447	
Bakehouses	...	...	...	11	38	49	
Workplaces and offices	...	...	...	103	103	206	
Building sites	...	...	...	203	395	598	
Factories — non-mechanical	...	...	...	55	35	90	
Factories — mechanical	...	...	...	1,635	731	2,366	
Outworkers	...	...	...	64	14	78	
Aged and infirm persons	...	...	...	3	5	8	
Offensive trades	...	...	...	17	41	58	
Entertainment places	...	...	...	31	118	149	
Tents, vans and sheds	...	...	...	99	739	838	
Food inspection	...	...	...	117	68	185	
Sites	...	...	...	422	1,211	1,633	
Institutions and hospitals	...	...	...	50	49	99	
All other matters	...	...	...	3,727	2,126	5,853	
Infectious disease visits	...	...	...	156	—	156	
<i>Clean Air Act:—</i>							
Smoke observations	...	...	...	863	833	1,696	
Smoke control areas	...	...	...	1,193	53	1,246	
New chimneys	...	...	...	44	50	94	
New furnaces and fireplaces	...	...	...	—	—	—
GRAND TOTAL							45,598

Informal				Statutory			
B/F	Served	Com- plied with	C/F	B/F	Served	Com- plied with	C/F
<i>Notices:—</i>							
Dwelling houses (P.H.)	75	307	253	129	3	143	144
Houses let in lodgings	22	5	—	27	12	—	—
Food shops — registrable	9	8	3	14	—	—	—
Food shops — non-registrable	24	229	170	83	1	6	—
Other shops	1	1	—	2	—	—	—
Bakehouses	1	—	—	1	—	—	—
Building sites included in							
Factories — mechanical	2	3	3	2	—	—	—
Factories — non-mechanical	1	1	—	2	—	—	—
Factories — mechanical	7	31	30	8	1	—	1
Smoke observation	25	—	—	25	1	—	1
All other matters	1	2	1	2	4	—	4
Workplaces and offices	9	—	—	9	—	—	—
Total	175	587	460	302	21	150	144

TABLE 3

REMEDIAL ACTION

<i>Drainage Works:—</i>						1966
New drains laid	...	...	...	...	...	15
Drains repaired	...	...	...	...	...	199
Choked drains cleared	...	...	...	...	...	1,121
Tests made	...	...	...	...	...	36
<i>Sanitary Conveniences:—</i>						
Flushing appliances introduced	...	...	...	...	...	3
Additional closets fitted	...	...	...	...	...	5
Separate closets for sexes provided	...	...	...	...	...	—
New pans fitted	...	...	...	...	...	6
Action re bathroom and geyser vent	...	...	...	...	...	—
Urinals fitted	...	...	...	...	...	—
Other works	...	...	...	...	...	63
Intervening vent space provided	...	...	...	...	...	13
Cesspools abolished	...	...	...	...	...	—
<i>Water Supplies:—</i>						
New and additional installations	...	...	...	...	...	—
Hot water installed	...	...	...	...	...	11
<i>Other Sanitary Fittings:—</i>						
New sinks fitted	...	...	...	...	...	5
Additional sinks provided	...	...	...	...	...	—
Wash basins provided	...	...	...	...	...	12
<i>Other Works:—</i>						
Roofs repaired	...	...	...	...	...	186
Dampness remedied	...	...	...	...	...	214
Other new and repair works	...	...	...	...	...	156
Yards paved and drained	...	...	...	...	...	7
Houses cleansed—dirty	...	...	...	...	...	30
—verminous	...	...	...	...	...	102
Food store installed	...	...	...	...	...	—
Lighting improved	...	...	...	...	...	5
Ventilation improved	...	...	...	...	...	—
Heating provided	...	...	...	...	...	—
Overcrowding abated	...	...	...	...	...	—
Exhumations	...	...	...	...	...	1
<i>Aged and Infirm:—</i>						
Removals—voluntary	...	...	...	...	...	1
—court order	...	...	...	...	...	2
<i>Smoke Observations:—</i>						
Infringements dealt with	...	...	...	...	...	30
<i>Other Nuisances:—</i>						
Dealt with	...	...	...	...	...	551
<i>Food Hygiene Regulations:—</i>						
Personal requirements	...	...	...	...	...	48
Washing facilities	...	...	...	...	...	54
Sanitary conveniences	...	...	...	...	...	35
Other matters	...	...	...	...	...	88

TABLE 4
SUMMARY OF TOTAL FOOD CONDEMNED

			<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>	<i>Cans</i>
Meat and Offal	...	...	100	1	2	13	—
Meat (canned)	...	...	6	6	1	17	6,503
Fish	...	...	2	17	2	19	—
Fish (canned)	...	...	—	10	3	—	1,773
Poultry	...	...	—	15	3	11	—
Fruit and vegetables	...	...	38	14	3	12	—
Fruit and vegetables (canned)	...	...	21	16	1	15	32,564
Fruit (dried)	...	...	—	1	1	14	—
Other foods (canned)	...	...	7	—	3	18	3,126
Total	...	...	178	5	3	7	47,966

TABLE 5
FACTORIES ACT, 1961

Prescribed Particulars on the Administration of the Factories Act, 1961

PART 1 OF THE ACT

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors)

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
(1)	(2)	<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers prosecuted</i>
		(3)	(4)	(5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	53	90	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,638	2,366	31	1
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	203	598	3	—
Total	1,894	3,054	35	1

2. Cases in which defects were found

<i>Particulars</i>	<i>Number of cases in which defects were found</i>				<i>No of cases in which prosecutions were instituted</i>
	<i>Found</i>	<i>Remedied</i>	<i>Referred to H.M. Inspector</i>	<i>by H.M. Inspector</i>	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1.)	8	7	—	—	—
Overcrowding (S.2.)	—	—	—	—	—
Unreasonable temperature (S.3.)	—	1	—	—	—
Inadequate ventilation (S.4.)	16	16	—	—	—
Ineffective drainage of floors (S.6.)	—	—	—	—	—
Sanitary Conveniences:— (S.7.)					
(a) Insufficient	11	12	1	2	—
(b) Unsuitable or defective	38	37	4	3	1
(c) Not separate for sexes	1	1	1	1	—
Other offences against the Act (not including offences relating to Outwork)	19	21	1	1	—
Total	93	95	7	7	1

TABLE 6

FACTORIES ACT, 1961
Part VIII of the Act
OUTWORK
(Sections 133 and 134)

<i>Nature of Work</i>	<i>Section 133</i>			<i>Section 134</i>		
	<i>No. of out-workers in August list required by Section 133 (1) (c)</i> (2)	<i>No. of cases of default in sending lists to the Council</i> (3)	<i>No. of Prosecutions for failure to supply lists</i> (4)	<i>No. of instances of work in unwholesome premises</i> (5)	<i>Notices served</i> (6)	<i>prosecutions</i> (7)
(1)						
Wearing apparel	24					
{ Making etc.,						
{ Cleaning and						
{ Washing						
TOTAL ...	24	—	—	—	—	—

TABLE 7

HOUSING PROGRESS CHART

			1955-1960 from May	1961-1965	1966
Houses in Clearance Areas and already covered by operative Clearance Orders or Compulsory Purchase Orders ...	Pre-war 138 Post-war up to 5.5.55 73	} 211	113 72	19 —	1 —
Houses in Clearance Areas for which Clearance Orders or Compulsory Purchase Orders have been submitted to the Minister, but have not yet become operative ...	Post-war up to 5.5.55	} 56	56	—	—
Number of houses subject to operative Demolition Orders	Pre-war up to 5.5.55	} 258	201	27	—
Totals ...			442	46	1
Houses represented — Clearance Areas ...			3,592	746	13
Reported to Committee ...			—	425	6
Demolition Orders made on individual houses ...			157	27	2
Certificates of Unfitness — houses owned by Corporation			510	196	21
Undertakings given by owners to demolish ...			114	74	3
Unfit houses voluntarily demolished by Corporation and others ...			229	256	25
Grand Totals ...			5,044	1,770	71

TABLE 8

REPAIR AND IMPROVEMENT OF DWELLINGS

<i>Description of Dwellings</i>	<i>No.</i>	<i>Cost of repairs and improvements £</i>	<i>Average cost £</i>
Whole houses ... (Subject to Closing Orders)	41	50,250	1,226
Parts of buildings ... (Subject to Closing Orders)	18	9,750	610
Whole houses ... (Undertakings to Repair)	2	1,600	800
Parts of buildings ... (Undertakings to Repair)	1	350	350
Cancellations of Undertakings not to use for human habitation ...	1	850	850
Totals ...	63	62,800	2,836

TABLE 9

HOUSING & SANITATION

<i>Houses inspected:—</i>											1966
Section 9	...	...	...	...	...	...	...	...	...	...	—
Section 16	...	...	...	...	...	...	...	...	...	...	50
Section 18	...	...	...	...	...	...	...	...	...	...	30
Clearance Areas	...	...	...	...	...	...	...	...	...	...	22
For Report to Committee	...	...	...	...	...	...	...	...	...	...	9
Multiple occupation	...	...	...	...	...	...	...	...	...	...	—
Visits for improvement grants, clearance area inspections, estimated life and other matters	...	...	...	...	...	...	...	...	...	...	1,918
All other visits	...	...	...	...	...	...	...	...	...	...	3,223
Total										...	5,252
<i>Represented to Committee:—</i>											
Section 9	...	...	...	...	...	...	...	...	...	...	—
Section 16	...	...	...	...	...	...	...	...	...	...	62
Section 18	...	...	...	...	...	...	...	...	...	...	24
Clearance Areas	...	...	...	...	...	...	...	...	...	...	5
Reported to Committee as unfit	...	...	...	...	...	...	...	...	...	...	9
Reported to Committee — in multiple occupation	...	...	...	...	...	...	...	...	...	...	—
<i>Orders made:—</i>											
Demolition Orders — (Section 17, Housing Act, 1957)	...	...	...	...	...	...	...	...	...	...	3
Closing Orders — Whole House (Section 17, Housing Act, 1957)	...	...	...	...	...	...	...	...	...	...	41
Closing Orders — Whole House (Section 17, SS. 3, Housing Act, 1957)	...	...	...	...	...	...	...	...	...	...	—
Closing Orders — Underground Rooms and parts of buildings (Section 18, Housing Act, 1957)	...	...	...	...	...	...	...	...	...	...	25
Management Orders (Section 12, Housing Act, 1961)	...	...	...	...	...	...	...	...	...	...	—
Direction Orders (Section 19, Housing Act, 1961)	...	...	...	...	...	...	...	...	...	...	—
Undertakings not to use — (Section 16, Housing Act, 1957)	...	...	...	...	...	...	...	...	...	...	—
Undertakings to demolish — Housing Act, 1957	...	...	...	...	...	...	...	...	...	...	3
<i>Houses repaired:—</i>											
Section 9 — informal	...	...	...	...	...	...	...	...	...	...	—
Section 9 — formal	...	...	...	...	...	...	...	...	...	...	—
Section 9 — formal by Corporation in default	...	...	...	...	...	...	...	...	...	...	—
Undertakings to repair	...	...	...	...	...	...	...	...	...	...	3
Undertakings not to use, cancelled after repair	...	...	...	...	...	...	...	...	...	...	1
Other repairs	...	...	...	...	...	...	...	...	...	...	—
Closing Orders determined after repair—whole building	...	...	...	...	...	...	...	...	...	...	41
—part building	...	...	...	...	...	...	...	...	...	...	18
Demolition Orders revoked	...	...	...	...	...	...	...	...	...	...	—

TABLE 10

RENT ACT, 1957

Applications for certificates of disrepair	...	6
Refusals to issue certificates of disrepair	...	—
Certificates of disrepair issued—Full	...	3
—Part	...	2
Undertakings given by landlords—Accepted	...	1
—Refused	...	—
Certificates of disrepair cancelled	...	1
Certificates as to remedying of defects	...	1
Refusal to cancel certificates of disrepair	...	—

TABLE 11

TOTAL NUMBER OF ANIMALS SLAUGHTERED

			1965	1966	Percentage
Cattle	...	...	13,837	14,554	+ 5·19
Calves	...	...	850	1,353	+ 59·17
Sheep	...	...	26,362	33,901	+ 28·60
Pigs	...	...	19,389	20,283	+ 4·61
Pigs (Bacon Factory)	...	...	16,359	14,486	— 11·45
Goats	...	...	8	39	+387·5
Totals	...	...	76,805	84,616	+ 10·17

TABLE 12

TUBERCULOSIS — CARCASSES AND ORGANS REJECTED

			Number Slaughtered	Totally Rejected	Part Carcase Rejected	Any Organ or Part Rejected	Percentage	
							1966	1965
English Cows	...	...	4,059	1	—	7	0·197	0·082
Irish Cows	...	...	—	—	—	—	—	—
English Steers and Heifers	...	...	9,842	—	—	—	—	0·024
Irish Steers and Heifers	...	...	653	1	—	1	0·306	0·016
Totals	...	...	14,554	2	—	8	0·055	0·022

TABLE 13

SAMPLES OF MEAT AND OFFAL FROM PET SHOPS

(a) <i>Horse Flesh</i>					
	Sample of		Number	Salmonellæ	Percentage
Meat	...	...	8	3	37·50
Liver	...	...	9	—	—
Heart	...	...	8	1	12·5
Kidney	...	...	1	—	—
Totals	...	...	26	4	15·38
(b) <i>Knacker Meat</i>					
Meat	...	...	47	8	17·02
Liver	...	...	37	6	16·22
Heart	...	...	13	2	15·38
Kidney	...	...	3	—	—
Tongue	...	...	2	—	—
Totals	...	...	102	16	15·69
(c) <i>Pet Meats</i>					
Meat	...	...	23	7	30·43
Liver	...	...	9	—	—
Heart	...	...	2	—	—
Kangaroo meat	...	...	5	—	—
Totals	...	...	39	7	17·95
Grand Totals	...	...	167	27	16·17

TABLE 14

SAMPLES OF MEAT FROM BUTCHERS' SHOPS/MEAT DEPOTS

Origin				Butchers' Shops and Meat Depots	Salmonellae	Percentage
English	...	...	...	77	3	3.89
Irish	...	...	...	7	—	—
Argentine	...	...	...	21	—	—
Scotch	...	...	...	1	—	—
Minced Beef	...	...	...	24	—	—
Pork	...	...	...	80	—	—
Veal	...	...	...	12	2	16.67
Totals	...	...	...	222	5	2.25
Sewer swabs from slaughterhouses—						
Number submitted	...	...	...	74	12	16.22
Samples of bedding from cattle lairs—						
Number submitted	...	...	...	11	1	9.09

TABLE 15

TYPES OF SALMONELLAE ISOLATED

Salmonellæ	Horseflesh			Knacker Meat			Pet Meat	Butchers' Meat		Sewer Swabs	Lairs
	Meat	Liver	Heart	Meat	Liver	Heart	Meat	English Beef	English Veal	Swabs	Bedding Material
adelajide	...	—	—	—	—	—	1	—	—	—	—
agama	...	—	—	—	—	—	—	—	—	1	—
anatum	...	—	1	—	—	—	1	—	—	—	—
branderup	...	—	—	—	—	—	1	—	—	—	—
brandenberg	...	1	—	1	1	—	—	—	—	—	—
bredney	...	—	—	—	—	—	—	—	—	1	—
chester	...	1	—	—	—	—	—	—	—	—	—
dublin	...	—	—	3	4	1	1	—	2	5	—
godesburg	...	—	—	—	—	—	—	—	—	1	—
good	...	1	—	—	—	—	—	—	—	—	—
heidelberg	...	—	—	—	—	—	—	1	—	—	—
indiana	...	—	—	—	—	—	—	2	—	1	—
munchen	...	—	—	—	—	—	1	—	—	—	—
typhimurium	...	—	—	3	1	—	1	—	—	2	—
vejle	...	—	—	—	—	—	—	—	—	1	—
specie	...	—	—	1	—	1	1	—	—	—	1
Totals	...	3	—	1	8	6	2	7	3	2	12

TABLE 16

PIG AND POULTRY KEEPERS

Number		Use	Licensed to Boil swill		Visits	
1965	1966		1966	1965	1966	1965
20	20	Keeping pigs only	11	11	—	—
32	28	Keeping pigs and poultry	17	20	—	—
23	22	Keeping poultry only	2	2	—	—
75	70	Totals	30	33	298	428

TABLE 17

CONDEMNED MEAT AND OFFAL

				1966				1965				
				<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>lbs.</i>	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>lbs.</i>	
Public Abattoir	...	Carcase	Meat	...	14	8	1	5	9	3	3	24
		Offal	...	...	63	18	2	3	46	7	1	9
Bacon Factory	...	Carcase	Meat	...	4	1	1	17	3	13	2	4
		Offal	...	...	10	7	3	10	14	—	—	2
Meat — Fresh	4	18	—	2				
Poultry	—	10	1	20				
Other food — offal	1	17	2	20				
<i>Canned food</i>				<i>No. of cans</i>								
Fish	4	—	—	—	9				
Meat	331	—	10	3	26				
Fruit and Vegetable	252	—	3	—	26				
Others	1	—	—	1	—				

TABLE 18

CARCASSES INSPECTED AND CONDEMNED

	COWS	CATTLE (excluding Cows)	CALVES	SHEEP	PIGS
NUMBER KILLED	4,059	10,495	1,353	30,901	20,283 } 14,486 }
NUMBER INSPECTED	4,059	10,495	1,353	30,901	20,283 } 14,486 }
All diseases except Tuberculosis and C/Bovis	10	7	24	185	132 } 46 }
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	1,083	5,161	49	7,710	5,535 } 1,591 }
Percentage of the number inspected affected with disease other than Tuberculosis or C/Bovis	44.41%	49.17%	3.622%	24.95%	27.28% } 10.98% }
TUBERCULOSIS ONLY					
Whole carcasses condemned	1	1	—	—	1 } 1 }
Carcasses of which some part or organ was condemned	7	—	—	—	1 } 23 }
Percentage of number inspected affected with Tuberculosis	0.172%	0.010%	—	—	0.005% } 0.159% }
CYSTICERCOSIS					
Carcasses of which some part or organ was condemned	5=0.123%	12=0.114%	—	—	—
Carcasses submitted to treatment by refrigeration	5	12	—	—	—
Generalised and totally condemned	—	—	—	—	—

TABLE 19

SCHEDULE OF WHOLE CARCASSES AND PART CARCASSES CONDEMNED INDICATING DISEASE OR CONDITION

Disease or condition	Cows		Steers and Heifers		Calves	Sheep		Pigs	
	Carcasses	Part Carcasses	Carcasses	Part Carcasses	Carcasses	Carcasses	Part Carcasses	Carcasses	Part Carcasses
Abscess ...	...	2	—	5	—	2	4	21	183
Anaemia ...	—	—	—	—	—	6	—	—	—
Arthritis ...	—	—	—	—	—	—	—	1	—
Bruising/Fractures ...	—	1	—	5	—	—	—	—	22
Emaciation ...	—	—	—	—	—	—	—	1	—
Fevered ...	—	—	—	—	1	—	—	3	—
Immaturity ...	—	—	—	—	4	—	—	2	—
Interstitial Myositis ...	—	1	—	—	—	—	—	—	—
Jaundice ...	—	—	—	—	—	2	—	2	—
Malignant Neoplasms ...	—	—	1	—	3	—	—	1	—
Melanosis ...	—	—	—	1	—	—	—	—	—
Moribund ...	—	—	—	—	1	—	—	8	—
Multiple Haemorrhages ...	—	—	1	—	—	—	—	—	—
Oedema ...	4	—	1	—	—	139	—	9	—
Peritonitis (acute septic) ...	1	—	1	—	1	3	—	2	—
Pleurisy and Peritonitis ...	—	—	—	—	—	2	—	41	—
Pleurisy (acute septic) ...	—	—	—	—	—	2	—	9	—
Pleurisy ...	—	—	—	2	—	—	15	—	34
Pneumonia (acute septic) ...	—	—	—	—	—	—	—	1	—
Pregnancy Toxaemia ...	—	—	—	—	—	1	—	—	—
Pyæmia ...	—	—	—	—	—	1	—	7	—
Pyelo-nephritis ...	—	—	—	—	—	—	—	1	—
Septicaemia ...	5	—	—	—	2	27	—	67	—
Swine Erysipelas ...	—	—	3	—	—	—	—	2	—
Umbilical Pyæmia ...	—	—	—	—	12	—	—	—	—
Urticaria ...	—	—	—	—	—	—	—	—	6
TOTALS ...	10	4	7	13	24	185	19	178	245
Tuberculosis ...	1	—	1	—	—	—	—	2	—
GRAND TOTAL ...	11	4	8	13	24	185	19	180	245
Cysticercus Bovis ...	2	—	15	—	—	—	—	—	—

TABLE 20

VISITS MADE BY MEAT INSPECTORATE

<i>1965</i>	<i>Visits</i>	<i>1966</i>
694	Slaughterhouses	384
274	Bacon Factories	263
162	Butcher Shops	212
262	Cold Stores	298
—	Fish Shops	—
403	Food Preparation	223
1,299	Meat Depots/Markets	1,232
122	Pet Shops	79
428	Piggeries/Poultry	298
413	School Kitchens	120
490	Other Premises	437
4,547	Totals	3,546

TABLE 21

FOOD HYGIENE (GENERAL) REGULATIONS 1960

(Summary of food premises subject to the Regulations grouped in categories of trade carried on in them)

<i>Trade</i>	<i>Number of Premises</i>	<i>Premises fitted to comply with Reg. 16</i>	<i>Premises to which Reg. 19 applies</i>	<i>Premises fitted to comply with Reg. 19</i>
Restaurants and cafes ...	323	323	323	215
Public houses ...	593	593	593	285
Hotels — boarding houses ...	114	114	114	29
Clubs — places of entertainment ...	56	56	56	21
Fried fish shops ...	89	89	89	64
Wet fish shops ...	71	71	71	45
Grocers ...	892	892	892	579
Greengrocers ...	390	390	390	150
Supermarkets ...	84	84	84	58
Factory canteens ...	138	138	138	67
Wholesale food premises ...	106	106	14	14
Chemists ...	110	110	110	22
School canteens ...	35	35	35	21
Flour and sugar confectionery ...	755	755	385	385
Bakers ...	43	43	43	29
Butchers ...	351	351	351	234
Dairies (processing) ...	11	11	11	6
Ice cream manufacturers ...	10	10	10	5
Meat products manufacturers ...	16	16	16	6
Other manufacturers (shell fish etc.) ...	11	11	11	9

The comprehensive survey of all food premises, including the collation of information concerning facilities provided under Regulation 19, is almost complete. The figures in this column are derived from information available at the time of preparation of this report and are not representative of the whole City. The complete figures will be available at the end of the survey and will be included in the report for 1967.

TABLE 22

SAMPLES SUBMITTED TO THE PUBLIC ANALYST

	<i>Samples</i>	<i>Unsatisfactory</i>
Milk	626	15
Ice cream	75	—
Other foods	1,310	5
Medicines and drugs	257	9
Rag flock	18	—
Fertilizers and feeding stuffs	22	2
Water—Baths	144	7
—Others	50	—
Pharmacy and poisons	45	—
Miscellaneous	146	11
Totals ...	2,693	49

TABLE 23

SAMPLES SUBMITTED TO THE BACTERIOLOGICAL LABORATORY

	<i>Samples</i>	<i>Unsatisfactory</i>
MILK—T.B. exam.	49	—
Pasteurised	304	17
Sterilized	11	—
Untreated	189	38
Schools	93	1
Plant tests	95	1
Churn and bottle tests	806	254
Shellfish	62	37
Water	128	7
Ice cream	76	10
Miscellaneous	45	2
Totals ...	1,858	366

TABLE 24

REGISTRATIONS

Under Section 16, Food & Drugs Act, 1955

The manufacture of ice cream	13
The storage and sale of ice cream	1,534
The preparation or manufacture of sausages or potted, pressed, pickled or preserved foods	305

Under the Milk & Dairies Regulations, 1959

Dairies	51
Distributors	457

Under the Rag Flock & Other Filling Materials Act, 1951

Registered to use filling materials	17
Licensed to store rag flock	3

Under the Pharmacy & Poisons Act, 1933

Listed sellers of Part II poisons	373
------------------------------------------	-----

TABLE 25

**QUINQUENNIAL LICENCES ISSUED UNDER THE MILK
(SPECIAL DESIGNATION) REGULATIONS, 1963**

			<i>as at</i> 31.12.65	1966-70 <i>as at</i> 31.12.66
To process pasteurised milk	...	...	9	9
To sell pasteurised milk	...	...	438	457
To process sterilised milk	...	...	1	2
To sell sterilised milk	...	...	472	488
To sell untreated milk	...	...	8	12
To sell ultra-heat treated milk	...	...	—	1

TABLE 26

VISITS TO PREMISES (EXCLUDING SAMPLING)

<i>VISITS—Inspection or Enquiry</i>						1966
Butchers' shops	...	...	...	...	...	573
Dairies	...	...	...	...	...	71
Other food premises	...	...	...	...	...	321
Ice cream premises	...	...	...	...	...	80
Pharmacy and poisons	...	...	...	...	...	378
Rag flock premises	...	...	...	...	...	17
Injurious weeds	...	...	...	...	...	—
Infectious disease (except food poisoning)	...	...	...	...	...	54
Dysentery	...	...	...	...	...	322
Food poisoning	...	...	...	...	...	133
Other visits (unclassified)	...	...	...	...	...	874
<i>VISITS—Food Inspection</i>						
Butchers' shops	...	...	...	...	...	12
Fish shops and market	...	...	...	...	...	1,128
Other food premises	...	...	...	...	...	103
Other premises	...	...	...	...	...	17

TABLE 27

REMEDIAL ACTION

Premises	—	Altered and repaired	...	...	...	19
		decorated and cleansed	...	...	...	30
		hot water provided to basin/sink	...	...	...	6
		heating provided	...	...	...	—
		other defects remedied	...	...	...	18
Drainage	—	chokages cleared	...	...	...	3
W.C.'s	—	new pans provided	...	...	...	2
		lighting provided	...	...	...	2
		other repairs	...	...	...	3
Other nuisances abated	...	...	...	...	...	14

NOTES RESPECTING TABLE 28

Notes :

- The table comprises
- (a) complaints received direct from the public
 - (b) complaints received from other authorities
 - (c) defects, irregularities etc. noted as a result of routine sampling by the Inspectorate.

Foreign Bodies — “ *Personal Items* ”

Included under this heading are items of a personal nature which can be deemed to have entered the foodstuff as a result of inadequate personal hygiene and comprise cigarette ends, comb, finger dressing, cigarette gift coupon, match-stick, hair, etc.

“ *Building Materials* ”

Foreign bodies entered under this heading include oil, sand, cement, wire, screw, nail, plastic, etc. These complaints are attributable to building or repair work being carried out at a place of manufacture or to misuse of such items as bottles followed by inadequate cleansing or failure to reject.

“ *Transit and Packing Materials* ”

Such items as string, cotton, paper, packing case wood, drawing pin, etc. are included, all being connected with either the transit and packing of the finished product or of some ingredient thereof.

“ *Not True Foreign Bodies* ”

This heading includes items which are of the nature of the product but are not of the quality or substance normally demanded. Examples include soiled dough, charred portion of vegetable matter, partially digested sea-food, fruit stalk, incisor of young pig etc.

TABLE 28
COMPLAINTS INVESTIGATED

FOREIGN BODIES

<i>Commodity</i>	<i>Glass</i>	<i>Metal</i>	<i>Insects</i>	<i>Personal Items</i>	<i>Building Materials</i>	<i>Transit/ Packing Materials</i>	<i>Others</i>	<i>Not true Foreign Bodies</i>	<i>TOTAL FOREIGN BODIES</i>	<i>Mould etc.</i>	<i>Dirt etc.</i>	<i>Incorrect labelling/ misrepresentation</i>	<i>Abnormal smell/taste/ colour</i>	<i>Others</i>	<i>GRAND TOTALS</i>
General foods ...	1	5	22	3	1	6	4	5	47	3	6	1	28	1	86
General canned foods ...	—	—	8	1	—	—	—	2	11	5	—	—	16	—	32
Drinks (inc. ice cream) ...	1	—	2	—	1	—	—	—	4	—	—	1	9	—	14
Milk ...	5	—	—	1	5	—	1	—	12	2	5	3	8	1	31
Bread ...	2	6	1	3	2	4	—	4	22	12	6	—	3	1	44
Confectionery (excl. meat products) ...	—	2	2	2	—	2	3	3	14	17	1	—	10	—	42
Meat and meat products ...	—	5	8	3	1	3	3	1	24	32	1	1	17	1	76
Canned meats ...	—	3	1	2	—	1	—	—	7	2	—	—	24	2	25
Fertilisers and feeding stuffs ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Others — pharmacy and poisons, medicines and drugs, rag flock, etc. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—
TOTALS ...	9	21	44	15	10	16	11	15	141	73	19	6	117	12	368

TABLE 29
SMOKE CONTROL AREAS TO DATE

SMOKE CONTROL ORDERS	CLASS OF BUILDINGS				Total	Acreage of Area	Date Order Made	Date Order Confirmed	Date Order in Operation
	Domestic	Commercial	Industrial	Other					
No. 1	...	315	109	33	1,510	220	9.12.58	24.3.59	1.10.59
No. 2	...	113	34	12	238	50	24. 5.60	9.9.60	1. 9.61
No. 3	...	438	18	39	1,077	100	24. 5.60	9.9.60	1. 9.61
No. 4	...	632	12	10	767	100	24. 5.60	9.9.60	1. 9.61
No. 5	...	27	1	5	48	15	24. 5.60	9.9.60	1. 9.61
No. 6	...	10,625	27	31	10,832	3,000	13. 9.60	11.5.61	1. 9.62
No. 7	...	3,523	5	24	3,633	1,580	11.12.62	16.7.63	1.10.64

TABLE 30

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

						1966
Number of premises registered during the year						2,031
Total number of registered premises at the end of the year						8,533
Number of registered premises receiving an inspection during the year						2,974
Total number of visits for all purposes						8,638
<i>Number of persons employed:—</i>						
Offices						44,185
Retail shops						21,228
Wholesale departments, warehouses						5,838
Catering establishments open to the public						5,292
Canteens						661
Fuel storage depots						109
Total						77,313
Accidents reported to the Local Authority						180

SHOPS ACTS 1950/65

						1966
<i>Visits</i>	Retail	...	...	...	...	1,098
	Wholesale	...	...	...	...	35
<i>Revisits</i>	Retail	...	...	...	...	324
	Wholesale	...	...	...	...	3
<i>Infringements</i>	Failure to exhibit notices	...	...	...	...	441
	Closing hours	...	...	...	...	50
	Sunday Employment	...	...	...	...	17
	Half Holiday	...	...	...	...	30
	Hours of Young Persons	...	...	...	...	8
	Meal Intervals	...	...	...	...	36
	Seats for female assistants	...	...	...	...	—
<i>Verbal Warnings</i>	...	...	...	...	...	624
<i>Warning Letters</i>	...	...	...	...	...	2
<i>Legal Proceedings</i>	Summonses	...	...	...	...	—
	(in respect of) Cases	...	...	...	...	—
<i>SECTION 38 — Assistants' facilities improved</i>						3

SUNDAY ENTERTAINMENTS ACT — CINEMAS

						1966
<i>Visits</i> ... ..	... ..					2
<i>Revisits</i> ... ..	... ..					—
<i>Infringements</i>	Holidays					—
	Records					—
<i>Verbal Warnings</i> ... ..	... ..					—

YOUNG PERSONS (EMPLOYMENT) ACT, 1938

						1966
<i>Visits</i> ... ..	... ..					—
<i>Revisits</i> ... ..	... ..					—
<i>Infringements</i>	Notices					—
	Sunday Employment					—
	Half holiday					—
	Hours					—
	Meal Intervals					—
<i>Verbal Warnings</i>	Night Employment					—
					—

Time Worked outside of Office Hours and Observation Patrols by Shops Inspectors:—

						Hrs.	Mins.
Evenings						158	40
Sundays						13	15
Wednesdays (p.m.)						69	55
Saturdays (p.m.)						5	15

TABLE 31

RAT DESTRUCTION AND DISINFESTATION

Total number of complaints received during the year:—

Rats	...	...	...	...	...	...	...	2,452
Mice	...	...	...	...	...	...	...	456

Complaints not finally dealt with by 31st December, 1965:—

78

Analysis of above complaints:—

<i>Analysis of above complaints:—</i>				<i>Business Premises</i>	<i>Dwelling Houses</i>	<i>Local Authority Premises</i>	<i>Total</i>	
No action required following inspection	...		...	52	239	14	305
Cleared by department	...	...	...	527	1,528	404	2,459
Cleared by occupier	...	...	...	19	97	2	118
Not finally dealt with (carry forward to 1967)	...	...	...	28	53	23	104
Totals				...	626	1,917	443	2,986

Visits and revisits for all purposes:—

In respect of notifications under Part 1, Sec. 2

Prevention of Damage by Pests Act, 1949 ... 11,179

Routine inspections:—

Ship Inspections — Avonmouth (visits and revisits)	...	1,380
Avonmouth Dock	...	2,292
Portishead Dock	...	42
City Docks	...	888
City Airport	...	33
River/canal bank	...	2,131
Waste ground, vacant sites, etc.	...	943
Business premises (building sites, etc.)	...	332
Wasp nest destruction	...	1,299
Miscellaneous visits	...	19,195
Sewer treatment programme	...	
Total	...	39,714

TABLE 32

DISINFECTION

Disinfections, Drain Tests, etc.

Premises disinfected and disinfested	...	17,044
Articles disinfected	...	55,925
Articles disinfested	...	2,315
Articles destroyed	...	2,744
Vermin repression — Spraying (visits)	...	702
Cleansing of verminous persons (baths)	...	86
Scabies baths (17 patients)	...	17
Disinfections for hospitals and nursing homes	...	134
Disinfecting jobs outside the Bristol area	...	55
Public library books collected and disinfected	...	11
Private library books collected and disinfected	...	—
Foodstuffs, etc., collected and destroyed — No. of cans	48,009	
Other foodstuffs (lbs.)	...	29,413
Premises visited	...	469
Drain tests	...	32
Soiled linen service visits	...	15,335
Soiled linen service (articles collected, laundered and returned)	...	39,644
Other work (visits or journeys unclassified)	...	7,176
Total vehicle mileage for all purposes	...	40,574

THE REPORT OF THE SCIENTIFIC ADVISER AND OFFICIAL AGRICULTURAL ANALYST FOR THE CITY AND COUNTY OF BRISTOL FOR THE YEAR 1966

(Incorporating the work on behalf of the County of Gloucester and the City of Gloucester)
E. G. Whittle, B.Sc.(London), F.R.I.C.

Introduction

This report is the seventh since the return of Department to full Corporation control in 1960 and my twentieth since appointment as Public Analyst in 1947. The overall number of examinations was 12,300, including 1,471 Smoke Recordings. The "true" sampling figure is thus 10,829 which compares with 9,866 (1965), 10,974 (1964), 9,784 (1963) and 10,314 (1962). Thus we failed by 145 samples to beat the 1964 record year. Again the City's food inspectorate were badly under strength and only in the latter part of the year did matters improve with the appointment of another inspector and a technical assistant. Sampling of Food and Drugs in the City was particularly badly hit and was only half of the 1965 quota. But sampling of Fertilisers and Feeding Stuffs at 390, Port Health at 1,116 and miscellaneous analyses at 687 all showed increased sampling rates of the order of 25 per cent.

Sampling for Gloucester County and Gloucester City showed very significant increases over the 1965 levels and for both represent the highest number received in any one year since 1951 for the County and 1956 for the City. As far as the County was concerned, the major increases were in milk and food sampling—a record total of 1,748 milks were taken compared with 1,127 in 1965. This increase was largely due to intensified interest in antibiotics in milk. All antibiotic samples were also examined for composition. A full programme of pesticide work, which began early in the year, resulted in 710 samples for the City of Bristol, 343 for the County and 112 for Gloucester City, a total of 1,165. The National Pesticide Scheme, operative from the 1st August, required only a modest sampling rate of 19, which were, however, much more intensively examined as compared with the 1,165 foods tested only for organochlorine compounds. The 19 special samples were, in addition, checked for organophosphorus compounds and for metallic contamination by such metals as lead, arsenic, copper and mercury. The results of this work are especially surveyed in the new Section on Gas Chromatography. Such is the rate of growth of the work in this highly important field that we have found it necessary to ask the Local Authority for further equipment in the 1967-68 Estimates. The Infra Red Instrument installed during the year is also proving to be of great value and there is little doubt that this instrument, together with the G.L.C. equipment, will prove of even greater value to the work of the Department than the Spectrographic instruments acquired as long ago as 1951.

During the year we also consolidated our position on the 4th floor at Canynge Hall and apart from the minor inconveniences arising from the fact that the main offices are on the 2nd floor, things have worked well. The only other comment to be made here is that despite the virtual doubling of accommodation by the acquisition of the top floor we still do not have all the room we might wish for future develop-

ments, notably in the G.L.C. and I.R. fields and further in microbiological assays which must inevitably come our way. Our newly-acquired Library has proved a great boon, not only for its primary function but as a pleasant conference room and meeting place for students and visitors. The Spectrographic Section is better housed and is now virtually a self-contained suite of rooms, including a very necessary dark room. Mr. D. J. Taylor has developed the Trace Metal Section and can now readily cope with lead, arsenic, mercury and copper, and hopes to expand this work even further. Mr. Le Couteur has the antibiotic work well organised and has dealt with 1,321 samples for Gloucester County. 44 samples or 3·3 per cent were found to contain inhibitory substances expressed in terms of penicillin. Reverting to considerations of accommodation, the acquisition of the top floor at Canynge Hall has enabled us at long last to rid ourselves of the clutter in the corridors and has meant a consequent lessening of fire hazards and general congestion. Further, we have also endeavoured to tidy up the various rooms with a continuing programme of lino laying, which we hope to extend to the corridors. This, with a redecoration programme, has helped to make Canynge Hall less like Canine Hole, as we have been called on more than one occasion.

The year has been relatively quiet in respect of staff changes. Indeed in recent years I count myself extremely fortunate to have retained and indeed added to the qualified staff. The first five names mentioned on the Staff List have all had service from 13—40 years; the Field Officer 21 years, and Mr. Turner has now completed 49 years—a record which I am sure is not equalled by any similar laboratory in the country. This happy state of affairs will not, however, last much longer, for both Mr. Dembrey and Mr. Turner are nearing retirement.

Miss E. M. Lewis, having had four years with the Department as a Research Assistant and Librarian, decided to return to teaching—her first love—and she resigned on 31st December. We wish her well in her chosen career and hope she will not find mixed classes too much of a handful.

Miss V. Marsh resigned in September to continue degree studies at Birmingham University. She hopes to qualify in Pharmacy and we wish her every success.

The acquisition of the 4th floor necessitated an increase in our Laboratory Attendants, and two old friends, Mrs. Gregory and Mrs. Lack, joined the staff, both having excellent knowledge of that curious structure Canynge Hall, since both had served in Departments of the University which recently moved into the new Medical School. For all its faults and shortcomings they must really like the “Hall”!

I cannot let this opportunity pass without expressing my grateful thanks to all members of an enthusiastic and willing staff. In particular I thank Mr. I. Dembrey, Mr. G. G. Fisher, Mr. D. J. Taylor and Miss M. V. Westcott for their loyal and continuing support, and also Mr. G. J. Dickes and Mr. P. Nicholas for the enthusiasm with which they have developed the Chromatographic work, and to Mrs. V. Hickman and Mr. R. Truman for keeping the Spectrographic flag flying; and lastly, but certainly not least, the ladies of the Office Staff, Miss M. A. Evans and Miss J. M. Maclean, who cope so “womanfully” with all office problems.

I would also gratefully acknowledge the help and interest of the Chairman and members of the Scientific and Ancillary Services Sub-Committee of the City and the Weights and Measures Committee of the County and of the Inspectors of the Authorities whom we serve. Their tolerance and cheerful co-operation has been invaluable in a very successful year.

A series of six instruments relating to Therapeutic Substances 1966, No. 501 to No. 506 inclusive, would have fringe effects on public analyst work, particularly perhaps No. 505 relating to antibiotics.

The Statutory Instruments on Food Matters will be briefly reviewed. The date of operations is given in each instance in the brackets.

The Skimmed Milk with Non-Milk Fat (Amendment) Regulations 1966, No. 850 (22nd July, 1966)

These Regulations extend Schedule 2 to the Skimmed Milk and Non-Milk Fat Regulations 1960 to exempt the food S.M.A. in liquid as well as in powder form, the requirement to bear on the label the declaration "Unfit for Babies" (or the permitted alternatives).

The Salad Cream Regulations 1966, No. 1051 (19th September, 1966)

These Regulations supersede the Food Standards (Salad and Mayonnaise) Order 1945 and now specify compositional requirements regulating the amount of vegetable oil and egg yolk solids contained in salad cream (regulation 4), and requirements for the labelling and advertising of salad cream (regulation 6 and 7). There are dispensations in relation to export, consumption by H.M. Forces or visiting force and to manufacturers and caterers.

The Butter Regulations 1966, No. 1074 (1st September, 1966)

These Regulations supersede the Food Standards (Butter and Margarine) Regulations 1955 in so far as they applied to butter. The Regulations specify compositional requirements for milk fat, not less than 2 per cent, and moisture, not more than 16 per cent, including salted and unsalted butter (Regulation 4) and requirements for the labelling and advertisement of butter (Regulation 4). Again there are dispensations as noted under the Salad Cream Regulations.

The Mineral Hydrocarbon in Food Regulations 1966, No. 1073 (27th August, 1966)

These Regulations supersede the 1964 Regulations. The new regulations prohibit (subject to certain exemptions relating to dried fruit, citrus fruit, sugar confectionery, food of which dried fruit, citrus fruit, or sugar confectionery is an ingredient, lubricants, the rind of processed cheese and eggs) the use of any mineral hydrocarbon in the composition or preparation, delivery or importation of any food containing any mineral hydrocarbon (Regulation 4).

There are revised specifications for mineral hydrocarbons, including a test for limits of contents of certain polycyclic aromatic hydrocarbons.

The observations on the Regulations are:—

1. The amount of sample required would preclude operation of the Regulations other than at factory level.
2. The Limit Test laid down is elaborate, complex, costly and time-absorbing and very few analysts could be expected to even initiate sampling, and hence:—
3. To all intents and purposes the Statutory Instrument is inoperable.

The Antioxidant Regulations 1966, No. 1500 (9th December, 1966)

These re-enact with Amendments to the 1958 Regulations with a transitional period up to 8th September, 1967. During that period the provisions of these Regulations will not have effect in relation to use, labelling, advertising and sale of any antioxidant or of any food containing antioxidant, which is in compliance with those regulations.

The principal changes from the 1958 regulations are:—

- (a) Antioxidants are prohibited in food for babies and young children.
- (b) Ethoxyquin is permitted on apples and pears up to 3 parts per million.
- (c) Preparations containing more than 100,000 I.U.'s vitamin A per gram are permitted to contain 10 parts per million of butylated hydroxyanisole or butylated hydroxytoluene or a mixture of both for every 1,000 I.U.'s vitamin A per gram.
- (d) Specifications for permitted antioxidants have been laid down.

It is a matter of regret that the amount of B.H.T. permitted in foods was not halved as was earlier proposed in a review of the Antioxidant Regulations 1958.

The Colouring Matter in Food Regulations 1966 (26th June, 1967)

These supersede the Regulations of 1957, but in respect of labelling provisions there is a transitional period ending 31st December, 1967.

These regulation:—

- (a) prescribe the colouring matters which may be added to food sold for human consumption (regulation 4);
- (b) limits the use of such colouring matters in or on certain named foods (regulation 5);
- (c) regulate the amounts of arsenic, lead and copper contained in permitted colouring matters and in diluents combined with such colouring matters (regulation 6 and Schedule 1);
- (d) Make consequential amendments to the Arsenic in Food Regulations 1959 and the Lead in Food Regulations 1961 (regulations 13 and 14); and
- (e) revise the advertising and labelling requirements for colouring matters (regulation 7 and Schedule 2).

The regulations do not apply to any colouring matter, to any diluent combined with any colouring matter, or to any food having colouring matter in it which is sold for export, or for the purpose of scientific laboratory testing (regulation 3).

The principal amendments are:—

- (a) the deletion from the present permitted list of six coal-tar colours:—
Ponceau 3R, Ponceau SX, Naphthol Yellow S, Blue VRS, Yellow RFS and Yellow RY;
- (b) the addition to the permitted list of coal-tar colour Black 7984;
- (c) specifications of purity are laid down wherever these have been formulated;
- (d) meat, game, poultry, fish, fruit and vegetables in a raw or unprocessed state may not contain added colour (except that colour may be added to the skins

of oranges and to the husks of nuts), nor may tea, coffee, white bread, and soda bread, cream condensed milk or dried milk;

- (e) the addition of colour to butter, cheese and other sorts of bread is restricted;
- (f) substances used to make up colour compounds, i.e. diluents, solvents, etc. must not contain more arsenic, lead and copper than is permitted in the specification for the colour itself where one has been laid down;
- (g) samples of colouring matter or food having any colouring matter in it or on it sold for laboratory test purposes and labelled as such are exempt from the provision of the regulations.
- (h) the declaration to be made on colouring matter when sold as such is laid down.

The Cheese (Amendment) Regulations 1966 (1st February, 1967)

These Regulations amend the Cheese Regulations of 1965 referred to as the "principal regulations". The amendments are:—

- (a) redefine "compound product" for the purposes of the principal regulations;
- (b) require a processed cheese which is described by its varietal name to comply with the compositional standards prescribed for that variety or to bear the prescribed statutory descriptions or declaration;
- (c) prescribe minimum milk fat and maximum moisture contents for the following cheese—Edam, Loaf Edam, Baby Edam, Baby Loaf Edam, Gouda, Baby Gouda, Danablu, Danbo, Havarti, Samsøe, Emmental and Gruyere;
- (d) postpone until 1st February, 1970 the coming into operation of:—
 - (i) the requirement, in para. 1 of Schedule 2, to the principal regulations, as to uniformity of colour and size of letters, words or numerals used on labels or tickets, so far as it relates to compound products;
 - (ii) the requirement, in para. 2 of that Schedule, as to the minimum size of letters and numerals used on labels.

It should be noted that the principal regulations Schedule 1 laid down standards for 12 cheeses. In all cases the minimum percentage of milk fat in the dry matter was 48 per cent. The maximum percentages of water calculated on the cheese as sold are:—

Cheddar	39 per cent		
Blue Stilton	} 42 per cent	Caerphilly	} 46 per cent
Derby		Wensleydale	
Leicester		White Stilton	
Cheshire	} 44 per cent	Lancashire	48 per cent
Dunlop			
Gloucester			
Double Gloucester			

Four Reports were issued during the year:—

1. Food Additives and Contaminants Committee Report on Cyclamates

The Committee accepted the report of its Pharmacology Sub-Committee con-

tained in Appendix I of the Report. The recommendations were:—

- (a) We consider that since cyclamates do not appear to produce any toxic effects, since the amounts likely to be ingested will not be of an order likely to produce a significant laxative effect and since they will be to a great extent self-limiting, there would be no risk to health in allowing the use of cyclamates in food without statutory limitation, except for that already laid down in the Soft Drinks Regulations, 1964. We recommend accordingly;
- (b) We do not recommend any amendment to the ban on the use of artificial sweeteners in ice-cream;
- (c) We further recommend that any regulations made as a result of this report should be reviewed five years after the date of making.

2. Food Additives and Contaminants Committee Report on Solvents

The main Committee accepted the reports of its Pharmacology Panel as set out in Appendices I and II. The recommendations were:—

- (a) the addition of solvents as defined in paras. 4–6 should be subject to regulations;
- (b) Ethyl alcohol, ethyl acetate, glycerol, glycerol mono- di- and tri-acetate, isopropyl alcohol and propylene glycol should be permitted for use in food (para. 10);
- (c) Specifications of purity should be laid down (para. 12);
- (d) Solvents sold for use in food should be appropriately labelled (para. 13);
- (e) Any regulations made as a result of these recommendations should be reviewed five years after they are made (para. 14).

When the proposals for Regulations were made in November it was noted that Schedule I, Permitted Solvents, included nine compounds with diethyl ether added.

This compound, solvent ether, was not in originally recommended list at the report stage. British Standard Specifications are made for ethyl alcohol, ethyl acetate, glycerol, diacetin, triacetin, iso-propyl alcohol and for solvent ether and propylene glycol. BP. 1963 quality is required. For monacetin something better than simply “the boiling point and a standard of purity consistent with good manufacturing practice” seems desirable.

3. Food Standards Committee's Report on Flavouring Agents

The main recommendation was that the following substances should be prohibited by regulations for use in foods as flavouring agents.

Coumarin	iso Safrole	Oil of Tansy
Tonka Bean	Agaric Acid	Rue Oil
Safrole	Nitrobenzene	Birch Tar Oil
Sassafras Oil	Dulcamara	Cade Oil
Dihydrosafrole	Pennyroyal Oil	Volatile Bitter Almond Oil
		Male Fern

The Committee also recommended that all existing flavourings, together with any new substances, should be reviewed in five years' time.

4. Claims and Misleading Descriptions

Perhaps the most important of the four reports issued during the year is that relating to Claims and Misleading Descriptions, which is the complementary document to the Report on Food Labelling issued in September 1964. Very briefly the report recommends that the present controls on the various types of claims made for food should be extended, that the use of certain words should be restricted, and that regulations should be made on the use of pictures in labels and advertisements relating to food.

In respect of Claims the Committee made 27 recommendations and on Misleading Descriptions 19 recommendations. It is not proposed to quote all of these very important comments but to single out those in particular and perhaps indicating a new approach.

A. Claims

- (1) Regulations controlling claims should cover claims made for whole classes of food (para. 4).
- (2) Certain general provisions should be laid down covering all claims (para. 13).
- (4) Claims based on caloric contribution should be permitted only if certain conditions are fulfilled (para. 18).
- (6) No claim that dietary fats are a protection against, or a benefit to, sufferers from heart disease should be permitted (para. 20).
- (8) The normal daily adult allowance should be laid down as in the table at Appendix A (para. 29).
- (10) General provisions as to vitamin claims should be laid down on the lines of the present Code of Practice (para. 33).
- (14) Article 9 of the Labelling of Food Order, 1953, should be extended to non-prepacked food (para. 38).
- (17) General provisions should be laid down in respect of slimming claims (para. 52).
- (18) Specific provisions should be laid down in respect to claims as aids to slimming of low-calorie substitute foods, starch-reduced foods, low-calorie filling foods, aerated foods and artificial sweeteners (para. 53—55).
- (19) The proposals as regards slimming claims should be reviewed five years after the making of regulations (para. 51).
- (20) No claims as aids to slimming should be permitted for diet supplements (para. 56).
- (21) Specific provisions should be laid down for foods claimed as suitable or specially prepared for diabetics (para. 59).
- (23) Claims that a food can cure, alleviate or prevent diseases should only be made if certain information is also provided (para. 63).
- (24) Claims for restorative properties should be limited, apart from natural foods, to foods which will provide not less than 25 grams of protein daily when consumed in reasonable amounts. Certain conditions should also be laid down (para. 68).

- (25) Certain foods should be permitted to be described as suitable for invalids (para. 69).
- (26) No claims for tonic properties should be permitted (para. 70).

B. Misleading Descriptions

- (1) Pictorial devices purporting to show the natural origin of a food should be accurate; they should not portray food not present in the container except where the pictures of other foods are such that there is no possibility of the consumer being deceived (para. 79).
- (3) The Local Authorities Joint Advisory Committee should consult food producers and distributors about the possibility of drawing up a code of practice on the usage of certain adjectives (para. 82).
- (4) The use of the word "natural" should be restricted to certain definite meanings (para. 84).
- (5) The use of the word "pure" should be restricted to a definite meaning (para. 85).
- (6) The use of the word "home-made" unqualified should be confined to foods produced in a domestic kitchen (para. 86).
- (7) The Phrases "made of" and "made from" should only be used in advertisements where the food or foods listed comprise the whole of the product concerned. Where this is not the case "made with" or "containing" should be used (para. 87).
- (9) The use of the word "butter" in respect of flour confectionery should not be subjected to statutory control for the time being (para. 91).
- (10) The word "butter" should only be used in respect of sugar confectionery and chocolate products if they contain not less than 4 per cent butterfat (para. 94).
- (11) The use of the word "cream" should be governed by the general principle set out in para. 80; the word "creamed" should not be forbidden for an emulsified product other than a dairy product (para. 90).
- (12) The word "digestive" or any synonym should not be permitted to be used as part of the name of any food (para. 97).

The incorporation of these recommendations in future legislation will do much to tidy up labelling provisions and will help to resolve a number of anomalies.

5. Fish and Meat Spreadable Products

Finally an important amendment to early legislation on meat and fish pastes is proposed. The meat content of a meat paste is now to be raised to 70 per cent (previously 55 per cent). This puts meat and fish pastes at the same compositional level. Other provisions relate to descriptions, additions of butterfat and a standard for dressed crab (at 95 per cent minimum crab meat). Labelling and advertising is also considered.

FOOD AND DRUGS ACT 1955

The adulteration rate for the year for the City only was:—

Ordinary Milk	...	...	...	1·4	per cent
Channel Island Milks	...	...	...	8·0	per cent
Other Foods	...	...	...	0·95	per cent
Drugs	...	...	...	3·4	per cent
and of all Food and Drugs	...	...	...	1·8	per cent

The average composition of 560 ordinary milks was fat 3·63 per cent and solids-not-fat 8·87 per cent, and for 46 Channel Island samples the averages were fat 4·43 per cent and solids-not-fat 9·21 per cent.

Sixteen samples of Food and Drugs were returned as adulterated and these included five samples of plain flour, all deficient in chalk; four samples of sal volatile deficient in ammonia; two liquid egg which failed to satisfy the alpha amylase test; four honey of borax samples deficient in borax and one compound syrup of camphor 83 per cent deficient in morphine.

Other single foods or group food surveyed included:—

Twenty-one sausage rolls were found to be in general accord with the figure of 20 per cent meat in the whole pie. This “standard” is one I have suggested as modest and reasonable.

Twenty-five baby foods taken from the City Clinics were found to be satisfactory. A careful watch is kept on the various dates of useful life of this commodity to ensure efficient turnover of stocks.

A series of 13 samples of plain flour illustrated the variations in added chalk and iron figures and demonstrated the great difficulty, particularly in incorporating chalk into large bulks of flour.

Three samples of apple green colouring contained Blue VRS, a colour now removed from the permitted lists of colourings by new legislation.

A special survey was made of dented canned goods but no serious internal metallic contamination of the products involved could be demonstrated. A concentrated frozen orange juice was examined after allegations of explosion of the can if left out of the freezer for any length of time. For a period of two weeks this sample was retained in the refrigerator and there were no signs of any faults developing. Then for a further two weeks the sample was at room temperature until during the weekend of the 6/7th August the can burst with considerable force. There is no doubt that this was due to fermentation of the juice and the building up of considerable gas pressure due to carbon dioxide.

In face of the notice upon the can end that the product should be kept frozen or mixed within 12 hours of purchase, such bursting of the can in some 14 days is a stringent test of its general composition. As long as the conditions of use are complied with there can be little objection to the product.

Some fourteen herbs and spices were examined and found in good clean condition and free from infestation. Microscopically all agree with the normal characteristics of the stated article. Three specimens of sweets, sold at a shop trading in practical joke and carnival novelties, were treated with strong peppermint and powdered chillies. Whilst probably generally harmless such articles can produce unnecessary throat irritation and tampering with edible articles in this way as a practical joke is most undesirable and not to be recommended.

FERTILISERS AND FEEDING STUFFS

Fifteen fertilisers and five feeding stuffs were submitted by City Inspectors and of these only three fertilisers showed irregularities.

The Port Inspectors submitted 368 feeding stuffs, of which 56 received comment.

The addition of urea to feeding stuffs seems to be on the increase and 29 such feeding stuffs were examined. Although there is to date no statutory ruling on the question of addition of urea, it seems very desirable that the Statutory Statement relating to the protein content of a feeding stuff should indicate the true protein and should not include any contribution due to urea. The urea content should be separately stated and not included with the true protein to give what has become known as “crude” protein. It is hoped that new legislation will shortly enforce this suggestion in some suitable fashion that there is a urea inclusion.

WATER ANALYSES

<i>Bristol</i>				
City water from tap at Canynge Hall	...	...	...	26
City water from pumping station Jubilee Road	...	...	...	12
Frenchay Hospital (B.W.W. Supply)	...	...	...	4
Docks and Ships in Port	...	...	...	7
Mains supply (private houses)	...	...	...	13
Council House Heating System	...	...	...	6
Seepage waters	...	...	...	25
Swimming Baths waters	...	...	...	155
Miscellaneous	...	...	...	3
				<hr/> 251

All the samples from mains supply taken at Canynge Hall, Jubilee Road Pumping Station and Frenchay Hospital were chemically satisfactory.

Of the 13 samples from private houses, taken as the result of complaints, ten were unsatisfactory due to the condition of the mains.

Bristol Waterworks Supply

Sampled at:—	<i>Canynge Hall</i>	<i>Jubilee Road Pumping Station</i>	<i>Frenchay Hospital</i>
Number of samples	26	12	4
<i>Range of variation (parts per million)</i>			
Total solids	197—330	173—303	330—384
Chlorine as Chloride	14—15	14—18	34—35
Nitrate Nitrogen	0·52—2·08	0·46—2·01	1·75—2·70
Total hardness	156—248	126—232	226—244
Permanent hardness	37—51	38—52	76—100

FIELD REPORT

During January and February much time was spent in the closing stages of the sludge digestion and trade waste problems of the Joint Sewage Works (at Stroud). The Joint Committee has now appointed a Chemist/Assistant Manager, enabling continuous control to be maintained within the Authority.

Other problems occur fairly regularly in connection with County Council establishments. These mostly relate to small sewage disposal works or water supplies. The work is carried out in close co-operation with the County Architect’s Department.

Two hurried visits were made to a house in an endeavour to find the cause of an intermittent “gas smell”. On the second occasion, using sensitive detection tubes, the gas installation was cleared as the possible cause, which, in fact, proved to be associated with paint remover or degreasing fluid.

The Regional Hospitals have provided some difficult problems; among the more notable was the air-conditioning plant which delivered gritty particles to the operating theatre. This was traced to a build-up of water solids in the humidifier section of the plant. A simple drain valve cured the trouble.

At another hospital mental patients were liable to get scalding hot bath water owing to faulty automatic steam valves. This was found to be due to de-zincification of brass filters in the valves. It was recommended that stainless steel filters should be used. This was endorsed by the makers.

School swimming pools and the paddling pools in the City continued to require attention, mainly during the summer months.

The waste supply and sewage purification installations at Croydon Hall are now working satisfactorily, but in this remote location occasional inspections are necessary to prevent small faults developing into real trouble.

In the workshop various parts and fittings have been made for the Spectrographic and Gas Chromatography Sections. These are usually in special materials of an experimental nature, and urgently required to enable important work to proceed. The new lathe which arrived towards the end of the year has facilitated the making of parts which are quite unobtainable commercially except at great expense and long delay.

RAG FLOCK ACT

Eighteen samples were submitted informally and were examined microscopically and hence as required for chloride by the Regulations.

PHARMACY AND POISONS ACT

Forty-five specimens were examined critically for labelling details and for active constituents. These specimens were sold mainly for general and household use. A few samples are worthy of some comment.

A number of slug baits contained between 1·1 and 2·8 per cent of metaldehyde. Baits based on this chemical are free from restriction on sale.

Oven cleaners containing carbon dioxide, sodium carbonate or hydroxide seem to be increasingly popular in use. It is of interest that in aerosol form very much lower concentrations of sodium hydroxide are possible as compared with some of the earlier oven cleaning pastes.

A stain remover submitted as a set of two tubes comprised trichlorethylene as a grease remover and ethyl cellosolve for other stains.

A teddy bear was examined for the nature of the filling materials as a result of trouble from pronounced odours due to the use of urea-formaldehyde-resins as fillings and having excess of formaldehyde. The specimen examined had a filling entirely of sawdust without objectionable odour.

GAS LIQUID CHROMATOGRAPHY (GLC)

Most of the GLC work was concerned with a survey of organochlorine insecticides in fruits and vegetables. In addition, some fats and miscellaneous samples were

examined. The table of 776 samples below includes those submitted by the Port Health Authority and also samples submitted under the National Pesticide Scheme.

The most noteworthy samples are listed below:—

Apple (English, variety Beauty of Bath) ...	...	0.62 ppm DDT
Apple (Italian) ...	...	0.57 ppm DDT
Apple (variety, Scarlet Pimpernel) ...	...	0.42 ppm DDT
Apple (Italian, variety Belfort) ...	...	0.36 ppm DDT
Apple (English) ...	...	0.28 ppm DDT
Apple (English, variety Cox's Orange Pippin) ...	...	0.24 ppm DDT
Canned Green Beans (Dutch) ...	...	0.34 ppm DDT
Gooseberry ...	...	0.25 ppm DDT
Grapefruit ...	...	1.45 ppm DDT
Lettuce ...	...	1.5 ppm gamma BHC
Lettuce (English) ...	...	0.50 ppm gamma BHC
Lettuce (Dutch) ...	...	0.22 ppm gamma BHC
Margarine ...	...	Trace of DDE
Pear ...	...	0.28 ppm DDT
Tomato (Canary Island) ...	...	6.6 ppm DDT
" "	...	1.2 ppm DDT
Tomato (Dutch) ...	...	0.22 ppm DDT
Water Cress ...	...	0.16 gamma BHC

The highest incidence of these pesticides was found in apples and pears, although the levels of BHC were not high. Lettuce showed quite a high level of BHC and other lettuce samples taken by the Gloucestershire County Inspectorate showed similar contamination.

The highest quantity of insecticide was found in a sample of Canary Island Tomatoes which contained 6.6 ppm DDT, and another contained 3 ppm and it appeared that Canary Island Tomatoes were most likely to be contaminated in that no English Tomato contained insecticide (however, only one Channel Island sample was examined).

The Dutch canned green beans was the first canned sample to contain insecticide and the margarine was the only fat examined to contain insecticide.

Besides the gooseberry sample listed, a sample taken by the Gloucestershire County Inspectorate contained 1.1 ppm DDT.

The contaminated grapefruit was surprising and the only one encountered.

The appearance of cotton wool, garlic, daffodil bulb, onion seed and soil in the table was a result of work carried out on onions during the year. It was originally thought that onions were grossly contaminated with BHC and that this insecticide was taken up from the soil. After research, which included growing onions in BHC free soil and with BHC free water, it was discovered that the compound was a natural one which behaved in virtually every respect as BHC (but not in its insecticidal capacity).

In 1967, more fruit and vegetable samples will be analysed with a special emphasis on apples (and their products), pears, tomatoes, lettuces, radishes, dried fruits, gooseberries, melons, apricots, and peaches. Certain other crops not in the 1966 list will be included, e.g. green peppers, asparagus and pomegranates.

OTHER PROBLEMS

Bath Water Works were assisted with a problem involving the analysis of pyrethrins in water and concentrations of pyrethrin of the order of 0.001 ppm were determined by GLC.

During the year we were glad to be of assistance on GLC matters to both Worcestershire and Glamorgan County Laboratories. We also received help from the Somerset County Laboratory, the Laboratory of the Government Chemist and the Cooper Technical Bureau.

SPECTROSCOPY

Over 200 more samples were examined during the year as compared with 1965 and these include 1,001 for the City, 40 for Gloucester County and 15 for Gloucester City. This is by no means a record year of examinations but it was, nevertheless, a busy year involving a move to a suite of rooms on the fourth floor and the attendant problems of settling down in the new accommodation. One great advantage of the new set-up is the inclusion of the very necessary dark room adjacent to the main work room. The main external lighting is via fan lights and in consequence the rooms suffer a wide range of temperature differences summer and winter, leaving spring and autumn as the most congenial working periods.

Besides the routine of tin and lead examinations of canned goods primarily from the Port Health Inspectorate, the Section deals with the majority of other metal contamination problems—identification of fragments, together with lead in urine and blood samples and certain other toxicology problems. Food colouring examinations are likewise now well organised and a number of rather exotic canned foods, such as Callaloo—a spinach-like product in a rather unappetising slime; Gouvetch—a concoction of mixed vegetables, and Ya Landji, comprising stuffed vine leaves, were also examined.

MISCELLANEOUS ANALYSES

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3.	Foreign bodies, insects and infestation	125
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8.	Port Health	1,116
9.	Housing	2
10.	Fire Brigade	3
11.	Transport and Cleansing	3
12.	District Health Inspectors	21
13.	Gloucester City	4
14.	University of Bristol—Pathology Department	2
				1,913
	Smoke Recordings—Port Authority	581
	„ „ —Miscellaneous	890
				1,471

1 City of Bristol—General Examinations

Two hundred and fifty-six specimens were examined, including a number for purely laboratory information relative to control samples for particular investigations. A selection of the more interesting items is appended.

Ham and Cheese Roll, Buttered Roll—Trace of an abnormal taint confirmed, possibly due to a paraffin oil heater.

With the permission of Committee a number of specimens of grass and bird droppings were examined for the Wild Fowl Trust at Slimbridge. The requirements were for protein and moisture figures.

Silver Gloss Paint—Paint was aluminium bases. Paint vehicle would be objectionable on food.

Oil—A vegetable oil with a very high acid value. Oil quite unfit.

Tomatoes—Yellow deposit due to sulphur. No pesticides detected.

Fresh tomatoes—Sulphur present as a dusting agent fungal growth.

Material ex Pharmacists stock—shown to be raw opium and destroyed.

Red powder found on currants—Red powder was an aluminium lake of aluminium hydroxide and a dyestuff like alizarin.

Weed submitted proved to be the smooth Hawksbeard, the Broadleaved Dock and the Oxford Ragwort.

Cleaning agents—One a hypochlorite solution and the other ammonium hydrogen flouride.

Soil—Contained a significant amount of chlorate.

Boiler scale—Contained Vanadium equivalent to 270 ppm.

Decorticated Ground Nuts contained no aflatoxin.

A weed was identified as the Creeping Thistle—a noxious weed.

Chocolate rolls—No mould growth but some traces of fat bloom, a common condition of chocolate in summer conditions.

Turf—Presence of sodium chlorate demonstrated.

Magic Bubble Tub—Examined for total solids, soap and pH after allegations of alkalinity in excess.

Garden canes—These canes were green coloured. Aqueous extraction gave no evidence of arsenic, alkaloids or other noxious substances.

Zinc Ore had an unpleasant garlic-like odour. Contained zinc and traces of iron, cadmium, arsenic, magnesium and selenium. Smell very probably due to nascent hydrogen produced by electrolytic action.

Pet Ether extract, Aqueous Blank, Aqueous Post Treatment examined for pyrethrins. Possible to detect 0.0003 ppm.

Blackberry Jelly—No evidence of sulphuric acid which was thought might be present when collected.

Pint of milk watered to the extent of 40 per cent. No detergent or added starch as alleged.

Two lots of Pink Elephants, plastic shapes with water and which required cooling in the refrigerator before use, contained soft water, some algal and vegetable matter which included cotton and jute fibres.

Wheat—Significant amounts of chloride equivalent to 6,500 ppm as sodium chloride.

Sponge Roll—A plastic type floor covering laid to repair patches in the floor of the bakery has contaminated a whole baking.

2 Biochemical and Toxicological

Thirty-eight specimens were submitted, mainly from the Regional Hospitals, and as in previous years the bulk related to examinations for lead in blood and urine. The remaining samples were:—

A small quantity of a milky fluid which contained no toxic metals and was, in fact, mainly a diluted milk.

A tablet was submitted by the Warden of a Youth Centre who was worried about the possibility of “pep pills” circulating in the club. This tablet was, in fact, a 5-grain aspirin which some enterprising individual was selling to club members at a shilling each and it seems very likely that psychologically his clients got a “real” kick from a relatively harmless drug.

Four urines and one faeces were examined for mercury but without result. One urine contained mercury in amount indicative of mild poisoning.

One-and-a-half small tablets submitted from one of the City Mental Homes caused considerable trouble, and a prolonged search with the assistance of the Forensic Laboratory indicated that the tablets were probably one milligram Oestradiol. They had been found in the possession of a drug addict of 21 years of age.

The stomach contents of two children aged three and five years, were examined and found to contain considerable amounts of arsenic which supported evidence that the children had eaten pessaries of Acetarsol.

A number of the specimens submitted in the second quarter of the year were also examined for arsenic and these included dog viscera, hair and nail clippings.

Tablets submitted in connection with the alleged involvement of children proved to be 100 milligram Mepacrine.

3 Foreign Bodies, Insects and Infestation

One hundred and twenty-five specimens were submitted and these once again provide one of the most fascinating sections of the report. The odd bodies finding their way into foodstuffs is, at times, quite astounding. A few comments are made on some of the more unusual:—

Peaches—Transparent jelly-like material was a pectic compound natural to the fruit.

Biscuit—Contained about two inches of a human hair.

Bottle of Milk—Contained a plastic tablet-holder identified later as part of a packet of oral contraceptive.

Cooked sausages—Contained a piece of cotton fabric with black lettering. Not a finger dressing as alleged.

Eccles Cake—Contained the butt of a cigarette. Plea guilty—fined.

Pilchards—Dark green matter was fragments of marine plant material (plankton).

Corned Beef—Contained a small portion of the inside of the bovine cheek, including several small hooked papillae normally present towards the back of the mouth.

Prawns—Insects on these prawns were the *Stegobium Paniceum*, which normally infests cereal products.

Pear Halves—Contained five specimens of the cricket, similar to the House Cricket.

Pork Luncheon Meat—Contained a waterproof-type finger dressing.

Corned Beef—Contained a piece of cotton fabric.

Whole canned carrots—Associated with WD. 183, which was in good condition. M. 196 contained a thick pellicle of mould.

Corned Beef—Contained a tuft of bovine hairs.

Black pudding—Contained a piece of stout aluminium wire.

Whole rice—Badly infested with mites, *Tyroglyphus farinae*.

Welsh cakes—Contained a coiled seed-pod of *Medick hispida*, a member of the pea family.

Fungus—Two species found: the cup fungus (*Peziza*) and the Bladder Cup fungus (*Peziza Vesiculosa*), occurring on soil and rotting leaves. Not as destructive as "Dry Rot".

Fruit Salad—Contained a waterproof dressing 2½ inches long.

Shelled walnuts—Contained 12 pellets of rodent excreta.

Insect—A garden species of ground beetle, *Carabidae*.

Insect—Identified as the Sheeptick *Ixodes ricinus*.

Marmalade—Contained a one inch splinter of wood.

Ground Rice—Infested with *Stegobium paniceum* (Drug Store Beetle).

Cheese Pie—Contained the common House Fly (*Musca domestica*).

Insects—Identified as *Stegobium paniceum*.

Fish Cake—Contained portions of charred fish.

Insects—Identified as the flour mite.

Pineapple—Glass phial marked as Axeoil. Phial contained an essential oil, primarily Eucalyptus, with a trace of oil of winter-green.

Dirty Milk Bottle—Foreign matter shown to be fragments of cement.

Potatoes—Badly attacked by the potato blight.

Rice—Contaminated with mouse excreta.

Insect—Identified as a wasp with a crystal of stuvite attached to its front legs—indicating probability of the wasp being canned with fish as alleged.

Butter—Contained length of cotton fibre.

Insects—Identified as member of the *Lathridiidae* family or plaster beetle.

Pack Peas—Contained a poppy capsule. The finding of one such poppy is regarded as of little public health significance.

Insects infesting Candied Peel—Identified as Beetles, species *Carpophilus mutilatus*.

Insect on sausages—Identified as fly larva of the Calliphoridae or Bluebottle family.

Iced bun—Identified as small insect leg and mutilated fly in paper bag in which sample was sent.

Turkish delight—Fragments of wasp found.

Canned Crab—Foreign body was identified as one of the appendages of the crab.

Bread roll—Foreign matter identified as lecithin—a normal ingredient of bread and not insect larva or rodent excreta as alleged.

Root ginger—Treated with calcium carbonate to make more attractive and assist in warding off attack by insects and fungi.

Cornish Pasties—Contained part of lower incisor of a young pig.

Corned Beef—Contained fly belonging to Hippoboscidae family. Commonly known in this country as Forest flies.

Apricots—Contained front part of a bee.

Marshmallow Cone—Contained gnat-like fly, *Arisopus fenestralis*, "Window fly".

Potatoes—Because of exposure to light the potato had become green and in these areas alkaloidal glycosides, known as solanines, are produced. These are poisonous to man and domestic animals. If areas are cut away the remainder is safe for use.

Insect—Identified as species of Fungus Gnat or Mycetophilidae, probably belonged to the genus *sciara*.

Cream scone—Steel wire found in the scone.

WORK FOR OTHER CORPORATION DEPARTMENTS

This section of the work was well maintained throughout the year and indeed there was a very notable increase in contract work for the *Education Department* (5). 160 samples were submitted to determine the best-valued items for the money consistent with good chemical quality and general efficiency. The items included detergents, floor preparations, paper towels, soaps—toilet, cake and powder—hand-washing creams, deodorant blocks and disinfectants.

6. *The City Engineer's Department* submitted 82 samples of soils and waters to be checked for sulphate content and pH value, together with one trade effluent for trace metals.

7. *The Port of Bristol* submitted four skin-cleansing preparations which were checked for possible chemicals causing dermatitis troubles. The Port officials also regularly use the laboratories' services to satisfy themselves on properties of various chemicals, noxious and otherwise, passing through the Docks. Information on flash points is particularly requested.

8. *Port Health*

The Port Health Office work has notably increased from 870 specimens in 1965, to 1,116 in the year under review. Again only a selection is possible of the more interesting matters:

Avonmouth Docks—747 samples were submitted of which 568 were canned goods.

Two samples of Irish Stew each contained only 31 per cent of meat as compared with a minimum proposed meat content of 35 per cent. A pineapple juice has a borderline tin content of 230 ppm and was recommended for early disposal.

Canned asparagus showed a tin content of 380 ppm. A further four samples had figures of 130 to 190 ppm and this would again warrant early disposal.

A green food colouring contained Tartrazine and what was almost certainly Brilliant Blue FCF. The first is permitted but the second is not, as far as this country is concerned. The observations of the importers and manufacturers are awaited.

Canned meats were generally in good agreement with proposed standard of meat, although one or two were of poor quality. Three samples of honey were specifically examined for pesticides without result. This work was prompted by the thought that bees may pick up pesticide residues and these might then occur in the honey.

A food colouring, ex U.S.A. and designated as Red No. 2 Aluminium Lake, was shown to be lake of Amaranth—a colouring also permitted in this country.

Fourteen samples of tea were in satisfactory condition, free from mould growth, excessive stalk and infestation, and with moisture figures within the normal range. One sample had some mould growth.

Four samples of canned tomatoes were blown and one had a lead content at the maximum permissible of 5 ppm. A number of sauce mixes were of satisfactory composition and free from antioxidants.

A sample of Sweet Mustard Pickle ex Canada contained alum equivalent to 150 ppm calculated at Al_2O_3 . The presence of alum was declared in the list of ingredients, but alum is not a permissible addition to foods in this country and the manufacturers were advised. A tomato juice had a distinctly astringent taste due, undoubtedly, to traces of iron, perhaps not surprising after $4\frac{1}{2}$ years of storage.

A sample of sweet pickles contained the equivalent of 500 ppm of alum expressed as Al_2O_3 . Alum was declared in the list of ingredients, but is not a permitted addition to foods in this country. A sample of tea was contaminated with oil of citronella which made an infusion of tea unpalatable and unsuitable for use. Aeration might be possible to remove the oil, but the prospects of complete removal were not bright.

One sample of Italian tomato paste contained lead equivalent to 7 ppm, but repeats were satisfactory. A sample of Instant Cream Powder Substitute contained alum equivalent to 500 ppm expressed as Al_2O_3 . The presence of sodium silico-aluminate was declared but it is not a permissible addition to foods in this country.

City Docks—369 samples were submitted, of which 267 were canned goods.

One luncheon meat contained only 78 per cent of meat against a proposed minimum of 80 per cent.

Two samples of blackberries contained lead equivalent of 3 ppm against the maximum of 2 ppm permitted by Regulation. Further samples were just at maximum and the consignment was released.

Traces of gammexane were reported in onion and orange samples. The amount was very small and of the order of 0.005 ppm.

9. *Housing Department*

The Housing Department submitted two paints, one as control and one a complaint, stated to have the same composition, but found to be very different upon analysis.

10. *Fire Brigade*

The Fire Brigade required the examination of two foam preparations for their relative efficiencies, whilst the third item was a portion of a shirt which "flashed" very readily, largely due to the napped finish.

11. *Transport and Cleansing Department*

Three samples of enamel, undercoating and thinners were examined for chromium on behalf of the above Department.

12. *District Health Inspectors' samples*

Three deposits were submitted, of which one was a coal dust and cement mixture and two mainly household fibres.

A sample of caul fat contained husks of barley and oats.

A sample of hair proved to be of human origin and not a cat.

Insects identified included gnats, a soldier beetle. A fungus on a number of kitchen articles proved to be Dry Rot, *Merulius lacrymans*.

Air pollution deposits on greased plates were examined reference specific pollution problems.

Other samples submitted included tinned apples, paint and thinners, fleas, corned beef and fly larvae.

Plaster scrapings with paper and wood fragments from a house were all shown to be contaminated with urine.

14. *University of Bristol*

The University requested the examination of four specimens of blood and urine from a dog for possible poisoning by lead, but without result.

MILKS—GLOUCESTER COUNTY

The examination of milks for the County of Gloucester is worthy of record here. The County Authority increased the sample rate to 1,321 for the year, of which 43 showed evidence of penicillin.

Antibiotics of this type are used in the treatment of mastitis and at least 48 hours should elapse after such treatment and before the milk of such animals is passed for human consumption. It is Ministry policy, as far as possible, to discourage excessive and undesirable use of antibiotics in this way. It is interesting to note that 477 samples were examined in 1965, of which 21 or 4·4 per cent were positive. This is an encouraging improvement for 1966 with far more samples examined. The four main ways in which antibiotics may actually or potentially affect public health are:—

1. When antibiotic residues are ingested by humans they may destroy the intestinal bacteria that assist digestion;
2. The residues may produce allergic reactions in humans;
3. They may counteract the effectiveness of other antibiotics being administered as treatment for some human disease, and
4. Most serious of all, they could promote the development of resistant strains of disease organisms in humans and animals alike.

AIR POLLUTION

	<i>Bristol</i>	<i>Gloucester County</i>	<i>Gloucester City</i>
Lead peroxide	59	29	12
Deposit gauges	93	21	12
Smoke recordings (City)	483		
„ „ (Port of Bristol Authority) ...	581		
„ „ (3 City sites)	890		
„ „ (Stroud)		253	
„ „ (Dursley)		287	
„ „ (Sodbury)		286	
	<hr/> 2,106 <hr/>	<hr/> 876 <hr/>	<hr/> 24 <hr/>

The first three items listed in the summary above involve the laboratory in a considerable amount of analytical work, whereas the smoke recordings for the Port of Bristol Authority, which observations ceased at the end of the year, together with observations at Monks Park and Portway Schools, St. Clement's House and County work at Stroud, Dursley and Sodbury, involve only recording and assessment of smoke stains and sulphur dioxide observations. The smoke stains as assessed by reflectometer readings are for check purposes only. Thus of 3,006 observations on pollution problems, 709 are listed as true samples and the remaining 2,297 simply as "smoke" observations.

The City Survey

There are no particularly marked changes to report in the pattern of measurements within the City. Observations have also been continuing in relation to a local cement works. This, began in April 1965 with deposit gauges located at Rose Green Road and Deep Pit Road, continued throughout 1966, but observations ceased at the end of the year.

The Rose Green Road site gave total deposition figures of 206 tons per square mile for the year, with Deep Pit Road showing 697 tons. The ranges were Rose Green 7.5 tons in April to 35 tons in May, and Deep Pit Road 17 tons in February to 112 tons in November. Observations at other local sites have continued throughout the year and the results are noted in the table and cover observations over 13 years since 1954. The Waterworks site was abandoned at the end of May 1965 when the building was sold. The apparatus at the City Centre is now sited on the roof of the C.W.S. Building.

There appear to be stabilised conditions at the Blaise Site over practically the whole 13 years surveyed at 90 to 120 tons per annum, whilst conditions on each of the remaining three sites show very definite signs of improvement. Indeed conditions at the City Centre, St. Philips (Shaftesbury) and the Zoological Gardens are the best over the 13 years surveyed. The depositions respectively at 110, 125 and 71 tons are the lowest recorded.

Rainfall figures were much the same for the C.W.S. and Shaftesbury sites for the current year as for 1965. At the Zoological Gardens and Blaise Castle sites rainfall was something of the order of six inches more than 1965. Over the 15 years surveyed the rainfall pattern has ranged over 21 in 1962, a dry year, to 41 inches in 1954, a particularly wet year.

The sulphur dioxide pollution at the Zoological Gardens has tended to level out in recent years at around the 0.8 figure, with Blaise Castle figures much the same but

with a little wider range of variation. Conditions at the City Centre are likewise reasonably stable around the 1·8 figure for the years 1962-65, but are not as good as the 1959-61 period, but with significant improvement on the earlier years 1954-58.

The 1965 pollution level at Shaftesbury reverted severely to 2·4 conditions prevailing in the 1954-58 years, but in 1966 showed a marked improvement to 1·68. The all-round picture is of generally steady improvement in 1966 and certainly better than 1964 when there was undoubtedly an unexplained retrogression.

The Kingswood Survey

Only very brief comment is necessary here as measurements for the area ceased in May. To that date the deposition figures ranged from 2·7 tons (May) to 10 tons (January) and totalled 31·4 tons for the five months. Rainfall was from 0·05 inches (March) to 3·74 inches (April) and totalling 10 inches for five months.

The sulphur pollution figures were available for only three months of the five owing to malicious tampering with the equipment. The average for the three months was 0·8 mgm—that is a level similar to that at the Zoo and Blaise Castle in the City Survey.

The Avonmouth Survey

SO ₃ per mgms. per 10 sq. cm. per day					
1957	1962	1963	1964	1965	1966
1·81	1·06	1·33	1·92	1·48	1·07

The Green Splot site represents conditions in the area of the Chittingen Estate to the North East of the National Smelting Works and Fisons Fertiliser Factory and within a mile of the Carbon Black Works. There was again a marked improvement in the level of sulphur pollution in the area and conditions in this respect are now not significantly worse than like pollution in the Blaise and Zoo areas within the City.

The Thornbury Survey

There is continued improvement in the sulphur pollution levels at Walning Farm, and at Brynleaze Farm conditions have likewise improved and reverted to the pre-1963 picture. Considerable interference occurred at both sites during the year and in consequence only seven months' observations were recorded for Brynleaze and nine months' for Walning in respect of deposit and rainfall. Nevertheless, with due correction for the periods involved, it appeared that Walning figures were the lowest recorded since 1958. The depositions at Brynleaze have reached some stability over the range 70 to 100 tons, certainly in more recent years.

Rainfall figures in the area are decidedly lower than within the City boundaries—a feature noted generally since 1958.

The Gloucester City Survey

The range of deposition at the Technical College site was 6·5 to 21 tons in February and June respectively, with a total of 120 tons for the year, which regrettably is the highest figure since 1958.

The rainfall is average at 25 inches, whilst the SO₃ figure is the second highest again since 1959. Thus there has been a general deterioration in pollution levels during the year under review, although in 1965 the sulphur pollution was at its highest at 1·82 mgms.

The Central Health Clinic

The deposition figure for 1966 is within the range of variation noted since 1961, that is 184 to 196 tons. Conditions are thus stable, but nevertheless the deposition is distinctly heavier than at either the City Centre or the St. Philips area.

OTHER ACTIVITIES

In my now customary manner the happenings of the year are again surveyed from a perusal of the year's diary. This immediately revealed a diversity of activities, including lecturing, committee work, meetings, visits and consultative work.

Nine prosecutions were instituted during the year and most concerning foreign bodies in foods. In all cases a plea of guilty was returned and my attendance at court was thus unnecessary.

Forty-four lectures were given during the year, 37 by your Analyst and the remainder by senior members of the Staff. As in previous years, lectures of a more specialised character are given to doctors qualifying for the D.P.H., 2nd and 4th Year Public Health Inspectors, 4th Year Veterinary Students and 5th Year Medical Students. More general talks on the work of the Department were given to the City of Bath Boys' School; the Bristol and West Conservatives; Henbury T.G.; Eastville T.G.; Bristol Mothercraft; Bromley Heath Wives Group; Friends Meeting House; St. Gregory's Young Wives Group; The Electrical Association for Women; Henbury Young Wives Group; Bristol Rotary Club; Stapleton T.G.; North West Conservatives Association; St. Edmund's Women's Fellowship and the Westbury Scout Guild.

All these lectures were well received and I feel are valuable publicity for our own particular aspect of the Health Service. With the general talks on departmental work it is surprising how little is known even of the existence of this laboratory and far less of its activities, impinging as they do on practically every aspect of the life of the community.

Individual visitors to the Laboratory included Mr. Hulme from the Worcester Laboratory; Mr. Phillips and Mr. McKinley from the Cardiff Laboratory; Mr. Biseko, the Chief Public Health Inspector Designate of Dar-es-Salam; Mr. Winnam of the Ministry of Agriculture; Dr. Coles from the Glamorgan County Laboratory; Dr. Faulker Hudson, Chief Medical Officer, Imperial Smelting Works; Mr. Rundle, Cirencester R.D.C.; Mr. Harris and Mr. Keep from I.C.I. Severnside, and the Chairman and members of the Weights and Measures Committee of Gloucestershire County. All were most welcome and the visits were most invaluable for the interchange of ideas and information, particularly with professional colleagues.

Other group visitors to the Laboratory included parties from Badminton Girls' School; students from the Medical School, University of Bristol; Trainee Teachers, Redland College; Colston Girls' School; Veterinary Departmental Students and a completely new idea—the visit of Chargemen from the Port of Bristol Authority to see something of the work carried out on commodities entering the Port, particularly in relation to canned goods.

Visits were made by laboratory staff, either in parties or as individuals, to Messrs. Spillers, the Seabanks Works at Avonmouth; Slimbridge Wild Fowl Trust; Reading; British Oil and Cake Mills, Avonmouth; Bristol Waterworks Co., Bedminster Down.

Your Analyst also attended several meetings of the Association of Public Analysts, mainly in London, but with one meeting in Leicester, together with various

Committee meetings both for the City and Gloucester County. There were also several meetings relating to Civil Defence matters, two meetings connected with the National Survey for Pesticides in Food, and the Annual Conference on Air Pollution.

There were two meetings in London late in the year which I attended at the Royal Institute of Chemistry in preparatory discussions with a view to revising examination conditions for the Fellowship in Branch E. The Association of Public Analysts nominated me as a member of the Examination Board and also conferred upon me the honour of election as Vice-President of the Association leading to the Presidency in 1969.

Mention should also be made of local meetings of the Society of Chemical Industry, the Reception commemorating 100 years of Public Health in Bristol, the meeting of the Working Party of the Association of Public Analysts on the subject of fruit juices, and the Annual Conference of the Royal Institute of Chemistry, which proved a most successful meeting despite the most extraordinary and late heavy snowfalls in April when the Conference was held. There were also some ten meetings of a very useful Journals Committee on Industrial Medicine and Occupational Health held most months at the University under the general direction of Dr. Markham.

Finally, I would thank the Health Committee and the Scientific and Ancillary Services Committee for their interest in our work and for the permission granted to attend scientific meetings in connection with departmental work. This is particularly appreciated and the discussions and contacts have proved invaluable.

CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE

(a) Co-ordination and Co-operation between Local Health Services and the Hospital and Specialist Services

As far as this is possible in the circumstances of tripartite administration it is being achieved in the following ways:—

(i) *Interlocking membership of Committees*

The Chairman, two members of the Health Committee, the Chairman of the Welfare Services Committee and a member of the Children's Committee were, in 1966, members of the Board of Governors of the United Bristol Hospitals, and the Chief Nursing Officer was a member of the Nursing Education Committee. A member of the City Council was a member of the South Western Regional Hospital Board and the Medical Officer of Health was a member of the Joint Advisory Committee for the Bristol Clinical Area and the Medical Advisory Committee for the Bristol Clinical Area. The Chairman of the Health Committee was a member of the Southmead Hospital Management Committee and two members of the Health Committee were members of the Cossham/Frenchay Hospital Management Committee. The Senior Medical Officers for Schools and Mental Health and the Deputy Senior Medical Officer for Maternal and Child Health were members of Winford Orthopaedic, Glenside & Barrow and Stoke Park Hospital Management Committees respectively. The Superintendent of the District Nursing Services was a member of Manor Park Hospital Management Committee and the Superintendent of a Health Centre was a member of Hortham/Brentry Hospital Management Committee. Members of the City Council also served on the Management Committees of Manor Park and Glenside & Barrow. The Senior Medical Officer for the Maternal and Child Health Service and the Non-medical Supervisor of Midwives were members of the Maternity Services Committee for the Bristol Clinic Area.

(ii) *Interchange of records*

There is a satisfactory method of interchange of records between the Hospitals and the Local Health Authority and the General Practitioners, especially relating to antenatal and postnatal records; the reference to and discharge from hospital of school and pre-school children and the admission to and discharge from infectious diseases and geriatric hospitals.

(iii) *Co-operation at professional level*

Most of the medical members of the staff are members of the British Medical Association and a departmental medical officer is Assistant Honorary Secretary of the Division. The Bristol Medico-Chirurgical Society frequently arranges meetings of general medical interest and the proceedings of the West of England Child Health Group (started in 1948) are geared to the needs of Paediatricians, Local Authority Medical Officers, Public Health Nurses and Teachers. A Psychiatric Society has recently been established and brings together workers in the hospital and Community Mental Health Services.

Among Hospital Senior Medical Staff with whom there are close working arrangements are :

- (a) Consultant Chest Physicians with a special interest in the prevention and after-care of Tuberculosis.

- (b) Ophthalmologists with regard to the certification of the blind and partially sighted children and the refraction of school children.
- (c) Otolaryngologists in connection with deafness in children.
- (d) Obstetricians who hold consultant sessions in Local Health Authority Clinics. An obstetric flying squad is provided by Southmead Hospital. The Health Department provide facilities for domiciliary maternity experience for medical students.
- (e) Venereologists in connection with the Venereal Disease Services.
- (f) Dermatologists with particular reference to Scabies and Leprosy.
- (g) Physical Medicine with particular reference to patients with paraplegia and handicapped Corporation employees.
- (h) Accident and Plastic Surgeons with particular reference to Ambulance Services and to Health Education aimed at the prevention of accidents.
- (i) Geriatricians with particular reference to the appointment of a co-ordinator in Geriatric Services employed by the Board of Governors of the United Bristol Hospitals and South Western Regional Hospital Board and the Local Authority Health and Welfare Committees.

In addition the Bacteriologists of the Public Health Laboratory Services and, to a lesser extent, the Hospital Laboratory Services collaborate in the investigation of infectious disease problems and the routine examination of water, food and other specimens. A Divisional Dental Officer holds a dental practitioner appointment at the Dental Hospital and attends two sessions per week. Dental Officers on a rota system hold clinic appointments in the Dental Hospital in the Orthodontic Department, Periodontal Department and Prosthetic Department. A Consultant Orthodontist from the Dental Hospital attends at the clinics on periodic sessions to "scan" patients for orthodontic treatment and there is an arrangement to refer patients for teaching purposes to the Dental Hospital. Two Medical Officers and recently a third are engaged part-time in the specialised assessment of hearing of babies and children, in the Department's Hearing and Speech Centre. The Centre has a visiting E.N.T. Consultant from the Regional Hospital Board; similarly, a medical officer acts as doctor in the "speech team". A medical officer works in association with the Senior Lecturer in Paediatrics of the Department of Child Health, in the Cerebral Palsy Assessment Clinic and the School for Spastics.

The Deputy Senior Medical Officer, Maternal and Child Health Service and a departmental medical officer act as Clinical Assistants to the Paediatrician in charge of Southmead and Bristol Maternity Hospitals Follow-up Clinics for premature and special care babies. Other departmental medical officers hold paediatric clinical assistantships at the Bristol Children's Hospital. As a reciprocal arrangement, the lecturer in Paediatrics and a Senior Paediatric Registrar from the Children's Hospital act as medical officers to two of the Health Department's Child Welfare Clinics.

Among members of the Nursing staff co-operation is achieved in the following ways :—

Liaison with Hospital

Health Visitors confer with hospital staff, particularly ward sisters, and establish a relationship with the patient in hospital and with the relatives at home.

Health Visitors are closely linked with local hospitals in many ways. Four Health Visitors, who specialise in the aged and chronic sick, have close liaison with the staff of the Geriatric Hospitals and have personal contact with the nursing staff, medical staff and medical social workers.

Regular weekly visits are made to the maternity department of Bristol Maternity Hospital, to Bristol Children's Hospital, and to the Paediatric Ward of Southmead Hospital. The weekly visits to the Bristol Maternity Hospital were arranged following the recommendation of the report, "Preparation for Parenthood", in which the Royal College of Midwives considered that informal discussion groups could be arranged for mothers before they leave hospital. The Health Visitor is invited to these discussions and her work made known to the mothers.

One Health Visitor is allocated — on a half-time basis — to the follow-up of premature babies in their own homes and, thereby, has close contact with the premature units of the maternity hospital. In addition two full-time Health Visitors for the care of premature babies are appointed jointly by Southmead Hospital and the Health Department.

Informal arrangements have been made with other hospitals for co-ordination, e.g. arrangements are made for Health Visitors to be informed when mothers with children under five years of age are admitted to a psychiatric hospital and again when they are discharged.

The Tuberculosis Visitors working in the Chest Department spend part of their time in the outpatients at Central Clinic and Southmead Hospital.

Domiciliary Midwifery Service

There is daily contact with the Maternity Hospitals in connection with planned early discharge; notice is given of mothers and babies due to be discharged home the following day to the care of the domiciliary midwives. Pupil midwives from Bristol Maternity Hospital and Southmead Hospital undertake three months of their Part II Training on the district. The district midwives and pupils take their patients into hospital when an obstetrical emergency arises and, where practicable remain until after delivery. The hospital obstetric and paediatric "Flying Squads" are available to deal with domiciliary emergencies. Two midwives especially trained in the care of premature babies have regular and frequent contact with the hospitals regarding the discharge and follow-up of these babies.

District Nursing Service

There is a cordial relationship between the district nurses and the hospitals in the area. The nurses are encouraged to visit at any time to see patients or to discuss with hospital staff.

Contact is maintained with student nurses during their third year of training, paying observation visits with health visitors and district nurses, followed by a symposium for the exchange of views.

In the *Mental Health Service* there is close co-operation in the staffing and functioning of the Child and Family Guidance Clinic. The Professor of Mental Health in the University of Bristol has an honorary contract with the Local Health Authority and a Consultant Psychiatrist devotes one session a week to

adult social psychiatry. Senior Medical Staff of the Department and the Hospitals are approved under the Mental Health Act and Mental Welfare Officers collaborate closely with social workers, including psychiatric social workers, in the Hospital Service.

Mental Welfare Officers attend hospital outpatient clinics, case conferences at Glenside Hospital, and psychiatric assessment clinics for the sub-normal at the Central Health Clinic and the Bush Training Centre.

The *medical social work section* of the Public Health Authority works in close association with hospital medical social workers on cases discharged from hospitals.

(b) Information Services

The following publications are issued in order to inform general practitioners and the public of the services available and how they may be used :—

“ Monthly Bulletin of the Medical Officer of Health ”

This publication replaced the General Practitioner Bulletins in October 1956 and now circulates to all doctors, pharmacists, physiotherapists and chiropodists in the City, as well as to the local press, the B.B.C., members of the Health Committee and many other parts of the country. The current circulation amounts to about 1,500 each month.

“ The Bush Training Centre ”

A profusely illustrated brochure about the Training Centre for the mentally handicapped, produced by the Training Centre's Parent-Teacher Association for the Bristol Health Committee.

“ Public Health Services in Bristol ”

A popular handbook outlining the Public Health Services in the City and revised every two years. The handbook has proved to be of considerable use to teachers, students and visitors from overseas.

“ You and Your Baby ”

A B.M.A. Publication, copies of which are given to all primiparae attending Health Department Antenatal Clinics. We are about to obtain sufficient stocks for all expectant mothers attending our Clinics.

“ The Mothercraft Book ”

This booklet is produced by Cow & Gate and distributed to expectant and nursing mothers; it deals with general care of the baby from three months to five years.

Lectures

Over 1,600 talks and lectures were given in 1966 by members of staff. In addition, the Health Education Section distributes many copies of leaflets and booklets on various health topics.

Outdoor Advertising

The Department has three well-placed public notice boards in the City; in addition to these, several hundred public notice boards are used from time to time during the year.

(c) Co-ordination and Co-operation with General Medical & Dental Practitioners

There is no co-optation of General Practitioners on the Health Committee. In addition to the Monthly Bulletin issued by the Medical Officer of Health to General Practitioners co-operation is achieved by the following arrangements :—

- (i) The Medical Officer of Health is one of the eight members of the Local Executive Council nominated by the Local Health Committee. He is a member of the Local Medical Committee and he or his Deputy attend as far possible all meetings of the Committee. A Public Health Liaison Sub Committee of the Local Medical Committee meets the Medical Officer of Health's Senior Staff from time to time to consider special problems that arise. Two Corporation Dental Officers are members of the Bristol Local Dental Committee.
- (ii) A Joint Advisory Committee on Health Centres has been arranged on which are represented the Local Executive Council, the Local Medical Committee, the Health Committee and doctors practising at Health Centres.
- (iii) The William Budd Health Centre was opened in 1952 and the St. George Health Centre in April 1964 and work was started on the Stockwood Health Centre towards the end of 1966. Although branch surgeries are provided at the William Budd Health Centre and will be mainly involved in the Stockwood Health Centre, all eight doctors working at St. George Health Centre use the Centre as their main place of consultation. The integrated maternity scheme in which General Practitioners supported by domiciliary staff conduct their own antenatal clinics was started in 1952 and at the end of 1966, 95 general medical practitioners dealt with about three quarters of the expectant mothers in the City. At the end of the year child welfare work was being undertaken by 27 general medical practitioners at eight clinics. The Housing Committee erected a Corporation clinic and consulting rooms for two general practitioners as a ground floor appendage to Corbett House, a multi-storey block of flats in the Barton Hill Development and the clinic was opened in April 1965.

With the help of the staff of the Department of Public Health an age/sex register was created of the patients attending the health centres and the practice at Corbett House and a start was made on a diagnostic index at St. George Health Centre. Use was made of the age/sex register at the St. George Health Centre and Corbett House to institute very successful retirement clinics which are attended by a local authority medical officer with the full support and co-operation of the general practitioners. Assistance was given to a general medical practitioner in a central multi-racial area in preparing an age/sex/race register in order to determine difference in morbidity between different racial groups.

- (iv) General practitioners are employed on a part-time basis to the extent of approximately ten sessions per week in local health and education authority clinics. Here they carry out duties mainly in connection with the occupational and school health services and foreign travel clinics.

(d) Voluntary Organisations

There is close co-operation between the Department of Public Health and Bristol Old People's Welfare Incorporated, who provide laundry and other services for the aged.

There is also co-operation with the W.V.S. through whose help voluntary workers

are provided for infant welfare clinics and they are also responsible for assisting with the provision of a sitting-case car service.

There are three Homes for Unmarried Mothers run by voluntary organisations — namely Mount Hope by the Salvation Army, St. Raphael's Roman Catholic Home, and St. John's Church of England Home. These are registered with the Health Department and close liaison is maintained.

The Bristol Tuberculosis Voluntary Care Committee provide for after-care of persons suffering from chest and heart diseases and receive a grant from the Local Health Authority.

The Local Health Authority services are also well publicised in booklets issued by the Publicity Department and a Guide to the Social Services for Bristol issued by the Bristol Council of Social Service.

(e) Other Aspects of Co-ordination and Co-operation

(1) *Joint Research Projects* (with Hospitals & General Practitioners etc.)

- (i) With all branches of the profession—Bristol Mortality Survey (completed); measles vaccination trials etc.
- (ii) Multiple Handicaps Survey (Departments of Child Health and Public Health).
- (iii) Menarché Survey
- (iv) Dermatophysis
- (v) Health of Immigrants
- (vi) E.S.N. School Leavers
- (vii) Anaemia in Infancy

(2) *University Departments of Public Health, Child Health & Mental Health*

- (i) The Senior Medical Officer for the School Health Service, and the Senior Medical Officer for the Maternal and Child Welfare Service, are recognised Clinical Teachers in the University Department of Child Health.
- (ii) Public Health Epidemiologist employed within the Department of Child Health on multiple handicaps.
- (iii) All Senior Medical Officers are part-time Lecturers in the University Departments of Public Health, Child Health and Mental Health.

WILLIAM BUDD HEALTH CENTRE

Annual Report

W. B. Fletcher

The new dental wing referred to in last year's report came into use during the year while certain improvements in decoration and re-flooring considerably brightened the internal appearance of the building.

The number of attendances at doctor's surgeries was proportionately fewer than in the preceding year, which had been the highest in the centre's history.

A similar small decline was recorded in the attendances in the treatment room, although the numbers continue to be double those for the St. George Health Centre. The high proportion of patients, including local casualties, who attend for dressings (more than a third) has been maintained.

Although the centre has been operating for 14 years, it still deals with a high proportion of young children. Whereas in the city as a whole about 20 per cent of the people are under 15 years of age, the proportion at the centre is more than 30 per cent. At the other end of the scale, only 6·9 per cent of the patients on the register at the centre were 65 years or over, which is little more than half the proportion residing in the city.

TABLE 1

WILLIAM BUDD HEALTH CENTRE ATTENDANCES AT SURGERIES — 1966

	PRACTICE					TOTAL	A.M.	P.M.
	"A"	"B"	"C"	"D"	"E"			
<i>1st Quarter</i>								
Total attendances	4,372	835	2,626	1,877	2,235	11,945	8,023	3,922
Average per week	336	64	202	144	172	919	617	302
% of total	36·6	7·0	22·0	15·7	18·7	100·0	67·2	32·8
<i>2nd Quarter</i>								
Total attendances	3,391	569	2,204	1,577	1,762	9,503	6,181	3,322
Average per week	261	44	170	121	136	731	475	256
% of total	35·7	6·0	23·2	16·6	18·5	100·0	65·0	35·0
<i>3rd Quarter</i>								
Total attendances	3,278	660	2,100	1,546	1,660	9,244	5,933	3,311
Average per week	252	51	162	119	128	711	456	255
% of total	35·5	7·1	22·7	16·7	18·0	100·0	64·2	35·8
<i>4th Quarter</i>								
Total attendances	3,789	748	2,386	1,644	1,914	10,481	7,112	3,369
Average per week	291	58	184	126	147	806	547	259
% of total	36·2	7·1	22·8	15·7	18·3	100·0	67·9	31·1
<i>Total for Year 1966</i>	14,830	2,812	9,316	6,644	7,571	41,173	27,249	13,924
Average per week	285	54	179	128	146	792	524	268
% of total	36·0	6·8	22·6	16·1	18·4	100·0	66·2	33·8
<i>Total for Year 1965</i>	14,501	2,833	9,813	6,648	7,500	41,295	27,171	14,124
Average per week	279	54	189	128	144	794	523	272
% of total	35·1	6·9	23·8	16·1	18·2	100·0	65·8	34·2

TABLE 2

WILLIAM BUDD HEALTH CENTRE
TREATMENTS — 1966

<i>Patients</i>		<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>TOTAL</i>	<i>Weekly Average</i>
Referred by G.P. ...	...	2,779	2,157	2,109	2,718	9,763	188
Not seen by G.P. ...	...	1,743	1,863	2,021	2,057	7,684	148
Total patients ...	...	4,522	4,020	4,130	4,775	17,447	336
% after 5 p.m. ...	...	36%	36%	36%	36%	36%	36%
<i>Treatments</i>							
1. Dressings ...	...	1,358	1,498	1,629	1,649	6,134	118
2. Minor operations ...	...	24	31	23	24	102	2
3. Eye treatment ...	...	22	22	25	36	105	2
4. E.N.T. treatment ...	...	286	224	253	261	1,024	20
5. Antibiotics ...	...	390	231	330	248	1,199	23
6. Other injections ...	...	424	479	432	379	1,714	33
7. Cautery ...	...	4	7	1	1	13	0
8. Other* ...	...	555	475	460	726	2,216	43

* includes oral polio immunisation

The nurses also acted as chaperones on 1,362 occasions

<i>Investigations</i>							
A. Haemoglobin ...	...	473	376	327	436	1,612	31
B. E.S.R. ...	...	19	39	20	33	111	2
C. E.C.G. ...	...	20	24	25	27	96	2
D. Urine ...	...	521	459	380	568	1,928	37
<i>Specimens sent to Laboratory</i>							
a. Blood ...	...	67	74	35	50	226	4
b. Ear swabs ...	...	45	18	8	16	87	2
c. N.T. swabs ...	...	34	11	7	22	74	1
d. Urine ...	...	167	137	116	207	627	12
e. Other ...	...	51	26	24	30	131	3

TABLE 3

WILLIAM BUDD HEALTH CENTRE PRACTICE
AGE/SEX CENSUS OF PATIENTS AT 31.12.66

Age Groups	PRACTICE										TOTALS			
	"A"		"B"		"C"		"D"		"E"		MALES % of No.		FEMALES % of No.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	No.	Male	No.	Female
0—4	236	228	30	33	162	153	83	81	148	123	659	5.3	618	4.9
5—9	244	262	33	41	167	155	99	88	146	126	689	5.5	672	5.3
10—14	280	255	41	38	135	130	53	63	122	122	631	5.0	608	4.8
15—19	239	265	45	39	153	165	87	79	104	129	628	5.0	677	5.4
20—24	149	159	30	23	131	116	62	65	94	96	466	3.7	459	3.7
25—29	145	147	28	22	97	110	55	72	101	96	426	3.4	447	3.6
30—34	155	168	23	24	98	86	74	51	94	78	444	3.5	407	3.2
35—39	178	163	23	30	99	67	67	44	99	70	466	3.7	374	3.0
40—44	139	145	28	30	86	96	50	40	75	64	378	3.0	375	3.0
45—49	110	100	30	28	82	82	41	26	55	51	318	2.5	287	2.3
50—54	107	117	25	21	63	58	45	44	46	55	286	2.3	295	2.3
55—59	92	116	20	17	58	59	64	44	69	49	303	2.4	285	2.3
60—64	70	85	19	20	45	48	48	39	66	58	248	2.0	250	2.0
65—69	47	83	13	10	31	38	29	29	43	53	163	1.3	213	1.7
70—74	21	54	9	10	12	26	17	22	30	31	89	0.7	143	1.1
75+	29	61	5	13	15	34	12	36	28	30	89	0.7	174	1.4
All Ages	2,241	2,408	402	399	1,434	1,423	886	823	1,320	1,231	6,283	50.0	6,284	50.0
No. in Practice	4,649		801		2,857		1,709		2,551		—	—	—	—
% of Total	37.0		6.4		22.7		13.6		20.3		50.0	50.0	50.0	100.0
														12,567
														100.0

ST. GEORGE HEALTH CENTRE

Annual Report

W. B. Fletcher

Although many other health centres are coming into use throughout the country, the number of visitors to the St. George Health Centre has in no way diminished over the past year.

An experiment in bringing forward a few evening surgeries to commence at about 4 p.m. has proved popular with the patients.

The introduction of cervical screening clinics, both by general practitioners and local authority staff, has put greater pressure on the accommodation, whilst the geriatric clinic continues to demonstrate, amongst other things, the need for chiro-pody treatment which exists amongst the older people.

Attendances at Surgeries

There was a slight decrease in the attendances at the surgery sessions (about 3 per cent), although the number of patients at risk rose slightly (Table 1).

As is found in other practices, patient attendances during the first part of the week were much heavier than on the latter days, although the appointments system has to some extent limited the difference (Table 2). Unfortunately, the rate of attendances by appointment has not improved. On average, three patients in 10 still attend without any warning. As all re-visits are automatically given an appointment after their first visit, new cases arriving without prior notice continue to be more numerous than originally hoped.

Home Visits

The number of home visits recorded during the year totalled 20,545. This showed a similar reduction (3 per cent) as was found in surgery attendances.

Having regard to the patients at risk, the reduction in the larger practice was more marked, particularly in repeat visits to the elderly.

Age of Patients

It will be noted (Table 5) that the number of patients over the age of 65 years in the smaller practice is 17·2 per cent, which is more than 30 per cent higher than the estimated figure for the city as a whole. The proportion of elderly in the larger practice is about 10 per cent less than the city average. For the centre as a whole (18,000 patients), 13·3 per cent of patients are over 65 as compared with 13·1 per cent revealed in the sample census for the city conducted in April 1966.

Treatments

Rather more patients were seen in the treatment room than in the previous year, although a much smaller proportion reported direct to the nursing staff. This is mainly due to some reduction in the large number of oral polio vaccinations which were carried out in 1965 when many children received their treatment direct from the nurse.

TABLE 1

ST. GEORGE HEALTH CENTRE
ATTENDANCES AT SURGERIES — January to December 1966

		MORNING			EVENING			TOTALS		
		Total Attend-ances	% by appoint-ment	Average no. per Session	Total Attend-ances	% by appoint-ment	Average no. per Session	Total Attend-ances	% by appoint-ment	Average no. per Session
<i>Practice 'A'</i>										
1st quarter ...	...	4,840	69	21.6	4,117	80	22.7	8,957	74	22.1
2nd quarter ...	...	3,920	70	21.5	3,802	77	25.7	7,722	74	23.4
3rd quarter ...	...	3,798	65	20.8	3,427	70	23.3	7,225	67	21.9
4th quarter ...	...	4,243	65	20.9	3,684	70	21.7	7,927	67	21.3
Totals	...	16,801	68	21.2	15,030	74	23.3	31,831	71	22.1
<i>Practice 'B'</i>										
1st quarter ...	...	2,497	68	17.5	1,852	78	17.8	4,349	72	17.6
2nd quarter ...	...	2,158	69	15.8	1,741	76	18.9	3,899	72	17.0
3rd quarter ...	...	1,989	66	14.1	1,575	78	15.9	3,564	72	14.9
4th quarter ...	...	2,143	66	15.4	1,720	79	17.2	3,863	72	16.2
Totals	...	8,787	68	15.7	6,888	78	17.4	15,675	72	16.4
<i>BOTH PRACTICES</i>										
Total attendances ...	...	25,588	68	—	21,918	75	—	47,506	71	—
Weekly averages ...	...	492	—	—	421	—	—	914	—	—

TABLE 2

ST. GEORGE HEALTH CENTRE
ATTENDANCE BY DAY OF WEEK — 1966

Attendances	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		WHOLE WEEK	
	Total	% by Appt.	Total	% by Appt.	Total	% by Appt.	Total	% by Appt.	Total	% by Appt.	Total	% by Appt.	Total	% by Appt.
<i>PRACTICE 'A'</i>														
Mornings ...	3,597	62	3,084	70	3,194	70	2,508	71	2,344	70	2,074	63	16,801	68
Evenings ...	3,297	73	3,097	74	3,203	74	2,847	75	2,586	76	—	—	15,030	74
Daily total ...	6,894	67	6,181	72	6,397	72	5,355	73	4,930	73	2,074	63	31,831	71
<i>Averages</i>														
Mornings ...	75	—	60	—	61	—	48	—	46	—	40	—	55	—
Evenings ...	69	—	61	—	62	—	55	—	51	—	—	—	59	—
<i>PRACTICE 'B'</i>														
Mornings ...	1,632	61	1,671	70	1,808	66	1,641	72	1,427	73	608	55	8,787	18
Evenings ...	1,743	76	1,618	79	—	—	1,874	78	1,653	77	—	—	6,888	78
Daily total ...	3,375	69	3,289	74	1,808	66	3,515	76	3,080	75	608	55	15,675	72
<i>Averages</i>														
Mornings ...	34	—	33	—	35	—	32	—	28	—	12	—	29	—
Evenings ...	36	—	34	—	—	—	36	—	32	—	—	—	35	—

TABLE 3

ST. GEORGE HEALTH CENTRE TREATMENTS FOR 1966

CATEGORY					Practice 'A'	Practice 'B'	Totals	Average per week
<i>Patients</i>								
i.	Referred by G.P.	...	...	...	4,750	3,459	8,209	158
ii.	Not seen by G.P.	...	...	...	469	330	799	15
iii.	Total patients	...	...	...	5,219	3,789	8,999	173
	% of patients after 5 p.m.	...	...	...	40%	33%	37%	
<i>Treatments</i>								
1.	Dressings	...	...	...	967	574	1,541	30
2.	Minor operations	...	...	...	88	66	154	3
3.	Eye treatment	...	...	...	8	4	12	1
4.	E.N.T. treatment	...	...	...	445	214	659	13
5.	Antibiotics	...	...	...	152	238	390	7
6.	Other injections	...	...	...	619	508	1,127	22
7.	Cautery	...	...	...	14	6	20	1
8.	Other*	...	...	...	561	385	946	18
					* includes oral polio immunisation			
					The nurses also acted as chaperones on 427 occasions.			
<i>Investigations (excluding A/Natal)</i>								
A.	Haemoglobin	...	...	...	507	212	719	14
B.	E.S.R.	...	...	...	151	43	194	4
C.	E.C.G.	...	...	...	76	124	200	4
D.	Urine	...	...	...	305	951	1,256	24
D1.	No. in D referred to Path. Lab.	...	...	...	—	2	2	—
<i>Specimens Sent</i>								
a.	Blood	...	...	...	174	285	459	9
b.	Ear swabs	...	...	...	7	4	11	1
c.	N.T. swabs	...	...	...	45	8	53	1
d.	Urine	...	...	...	464	117	581	11
e.	Other	...	...	...	147	53	200	4

TABLE 4

ST. GEORGE HEALTH CENTRE
ANALYSIS OF RETURNS COVERING HOME VISITS — 1966

		INITIAL VISITS				RE-VISITS				REPEAT VISITS				TOTAL VISITS		
Age Sex		Under 65 M	Under 65 F	65+ M	65+ F	Under 65 M	Under 65 F	65+ M	65+ F	Under 65 M	Under 65 F	65+ M	65+ F			
PRACTICE 'A'																
No. of visits	...	2,202	2,751	540	978	700	1,177	342	504	261	140	1,099	2,622	13,316		
Per patient 65+ on list	...	—	—	1.1	1.1	—	—	0.7	0.6	—	—	2.2	3.1	—		
PRACTICE 'B'																
No. of visits	...	1,120	1,346	422	690	363	714	595	797	22	37	318	805	7,229		
Per patient 65+ on list	...	—	—	1.1	1.2	—	—	1.5	1.3	—	—	0.8	1.4	—		
PERCENTAGE OF VISITS PER QUARTER																
		Practice 'A'		Practice 'B'		VISITS (per annum) PER 100 PATIENTS ON LIST										
						Both Practices			Males			Females				
1st quarter	...	33.7	33.8	Under 65 years											59	77
2nd quarter	...	22.6	22.1	65 years and over											375	444
3rd quarter	...	18.5	19.5	All ages											91	133 (147)
4th quarter	...	25.2	24.6	Practice 'A' only—all ages											87	128 (154)
									Practice 'B'			100	143 (135)			
												1965 figures in parenthesis				

TABLE 5

ST. GEORGE HEALTH CENTRE
AGE/SEX DISTRIBUTION (PER CENT) — 1966

<i>Age Group (Years)</i>	<i>Practice 'A'</i> (% of practice)		<i>Practice 'B'</i> (% of practice)		<i>Both Practices</i> (% of both practices)	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0—4	4·2	4·0	3·4	4·1	3·9	4·1
5—14	6·9	6·3	5·5	4·6	6·4	5·7
15—24	7·4	7·7	7·2	6·6	7·4	7·5
25—34	7·3	6·4	5·7	5·3	6·8	6·0
35—44	7·1	6·1	6·0	5·5	6·7	5·9
45—54	6·0	8·5	5·8	7·9	6·0	8·3
55—64	4·8	5·7	7·6	7·6	5·7	6·3
65—74	2·8	4·5	4·2	6·1	3·3	5·0
75+	1·3	2·5	2·3	3·9	1·6	2·9
N.K.	0·2	0·3	0·3	0·4	0·2	0·3
Totals	48·0	52·0	48·0	52·0	48·0	52·0 (18,175 Patients)

VETERINARY INSPECTOR'S ANNUAL REPORT 1966

J. Allcock, B.V.Sc., M.R.C.V.S.

(Inspector under Diseases of Animals Act)

NOTIFIABLE DISEASES

With the exception of Foot and Mouth disease, all diseases notifiable under the Diseases of Animals Act 1950 have shown a marked decrease in the year.

Swine Fever

Eleven infected area Orders have been made. Bristol was never included in an area but of course any pigs travelling from Bristol into, or through, such an infected area had to be licensed.

Foot and Mouth disease reappeared on a large scale after three years with only one outbreak. The major centre was Northumberland, with an isolated outbreak in Sussex.

One possible contact with infected animals occurred on a farm in Bristol and movement restrictions were placed on these premises for a short period.

IMPORTATION OF DOGS AND CATS ORDER 1928

Inadvertent landings of dogs and cats continue to be a problem. Four dogs are known to have got ashore from vessels in the City or Avonmouth docks. On each occasion the vessel has been of foreign registry. One gains the impression that the Masters feel the regulations requiring the proper restraint of dogs and cats while in port, are a peculiar English nuisance designed to make life difficult for visiting masters. It is almost impossible to convince them that Britain is in the happy position of being free from Rabies because of, and not in spite of, these control measures. One dog, whilst ashore, bit a dock worker. The dog was seized and quarantined. No symptoms developed in the 10 days following the bite and so one could reassure the victim that there was no infection present in the dog's saliva at the time of the bite. One master was convicted and fined for offences under the Act. Policing of this Act is very difficult and I must acknowledge the help received from the Police both at Avonmouth and the City Docks. In the midst of all their other duties they manage to keep a very close watch on these dogs. Without their efforts the position would be impossible.

BOARDING ESTABLISHMENTS ACT

Four premises are now licensed under the Act. All have been visited during the year and all are satisfactory.

RIDING ESTABLISHMENTS ACT

Two stables require to be licensed. In one case a licence for a limited number of horses has been granted and efforts are being made to persuade the owner of the other stable to bring the buildings up to an acceptable standard.

PET ANIMALS ACT

Twenty-nine pet shops are licensed under this Act; all have been visited, in some cases many times during the year. One prosecution for four offences under this Act was successful.

PIGEON CONTROL

A pigeon loft has been sited within the central area so that pigeons will nest therein and thus the eggs can be destroyed. I have spent some time on the roofs of buildings in the central area and it is only from such sites that one can appreciate the enormous pigeon population—and the enormous amount of faeces voided by these birds. Beneath some of their roosting sites faeces are six inches deep. This cannot improve the fabric of the building apart from any considerations of health. Very limited egg destruction cannot do more than touch the fringe of the problem, and if it is desirable to control the numbers of these birds then more extensive measures, specifically trapping and humane destruction, will have to be adopted.

LORD MAYOR'S COACH HORSES

Theo and Thello, the two original greys, retired to the Isle of Wight during the year and now only two horses are available.

NUFFIELD FOUNDATION ANIMAL BANK

Meetings have taken place to arrange the formation of an "Animal Bank" to provide a source of disease-free animals for schools in Bristol and to provide a clean environment for boarding these animals during the school holidays.

ROAD ACCIDENTS INVOLVING DOGS AND CATS

A very large number of dogs and cats are killed and injured on the roads of Bristol during the year. My own estimate is that at least 5,000 animals are involved. Many of these accidents are in the late evening and many of the animals are strays or unaccompanied by their owners. Veterinary attention to these animals is somewhat of a problem. The R.S.P.C.A. help in emergency treatment, but this is only a partial solution. One great problem is identification of the animal—and collars with names on can save a lot of trouble, not least for the animal.

If an animal is fairly seriously injured—not hopeless, but an injury which requires extensive treatment—the veterinary surgeon presented with this animal is in a dilemma if the owner is not known. Firstly, expense is going to be incurred—and possibly never recovered—but more important, the animal is going to suffer some pain over a period of time. If the animal is going to recover and be restored to its owner, then this pain is justified. But if seven days later no owner has been found, or if the owner, having been found, does not wish to keep the injured animal, then after a very uncomfortable seven days the animal has to be destroyed. From the point of view of the dog, a most unfair situation.

Commonsense requires that every dog at least wears a collar at all times bearing the owner's name and address. As well as commonsense the law requires this—The Control of Dogs Order 1930.

Another problem sometimes arises from the above and also on other occasions—the disposal of dead pet animals. This becomes more and more difficult as flat dwelling increases and burial of the family pet in the garden becomes less and less possible. I have discussed this matter with various interested parties over the past four years, but a solution seems as far away as ever.

Again I must conclude with my thanks to all those who have helped me; the Police, the Public Health Officers, many departments of the Corporation, the Ministry of Agriculture, and many others. Always this assistance is much more than the mere performance of their duty demands.

